

COUNTY BOROUGH OF ST. HELENS.



Annual Report
OF THE
Medical Officer of Health
FOR THE YEAR 1936.

FRANK HAUXWELL, M.B., Ch.B., D.P.H.,
Medical Officer of Health,
and School Medical Officer.

St. Helens :
WOOD, WESTWORTH & CO., LIMITED, PRINTERS AND STATIONERS,
HARDSHAW STREET.

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Health Committee.

Chairman :

ALDERMAN T. HAMBLETT, J.P.

Deputy-Chairman :

COUNCILLOR EVELYN PILKINGTON, C.B.E., J.P.

THE RIGHT WORSHIPFUL THE MAYOR,
(Councillor E. Houghton, J.P.)

ALDERMAN H. H. PEET, J.P.

COUNCILLOR N. BIRCH, J.P.

„ W. BURROWS, J.P.

„ R. ELLISON, J.P.

„ ELLEN McCORMACK.

„ M. McFARLANE, J.P.

„ R. RENNIE.

„ J. THACKRAY, J.P.

„ J. WATSON.

„ T. WOODS, J.P.

Maternity and Child Welfare Committee.

Chairman :

ALDERMAN T. HAMBLETT, J.P.

Deputy Chairman :

COUNCILLOR EVELYN PILKINGTON, C.B.E., J.P.

THE HEALTH COMMITTEE,

Councillor M. A. Shard and the following co-opted members :—

MRS. H. B. BATES, AND

MRS. B. MCGHIE.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF ST. HELENS.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit the 64th Annual Report on the health of St. Helens, being the report for the year ended 31st December, 1936.

Though the birth rate for 1936 fell to 18.3 per 1,000 of the population as compared with 18.7 for the previous year, the natural increase in population during the year, i.e., the excess of the number of births over deaths, was 669. Despite this the Registrar General's mid-year estimate of the population for the year showed a decline from the figure of 108,100 in 1935 to 108,000 in 1936. This, no doubt, is, to a large extent, due to the recent development of areas adjoining the Borough boundary and the migration of St. Helens residents to those areas.

Judged by the two main mortalities—the general death rate and the infant mortality rate—1936 was a healthier year than the previous year. The adjusted death rate for the year was 14.9 per 1,000 of the population, as compared with 15.0 in 1935. The infant mortality rate for the year was 56.1 per 1,000 births, as compared with 94.3 in the previous year, and is the lowest yet recorded in the Borough; sharing, with Bury, the second lowest rate for the County Boroughs of Lancashire, and lower than the rate of 59 per 1,000 births for England and Wales as a whole.

A disquieting feature of the year, however, was the continued incidence and steady increase in cases of scarlet fever and diphtheria. Though neither disease could be said to be present in epidemic form, the number of cases of scarlet fever occurring was the largest since 1928, and of diphtheria since 1918. The increased incidence of the latter disease in recent years is a strong argument in favour of greater use of the Immunisation Clinic.

The most important expansion of the services during the year was the opening of the Annexe to the Maternity and Child Welfare Hospital at Cowley Hill ; thus increasing the accommodation at that Hospital by 5 maternity beds and 10 cots for children. New 'Toddlers' Clinics were also established on a part-time basis with the maternity and child welfare clinics in three more centres in the town. It is hoped that during the current year the establishment of independent Clinics for toddlers alone will complete the scheme for linking up the child welfare and school medical services.

In the Sanitary Department the work was again particularly heavy owing to continued activity in relation to housing. In slum clearance work official action was taken in respect of 251 houses—almost two and a half times as many as in the previous year—and the Overcrowding Survey under the Housing Act, 1935, was completed in March. The latter showed that 8.48% of the houses in the Borough were overcrowded.

I take this opportunity of thanking members of the Council for their kindness and consideration shown me in the conduct of my work, and I have to record my hearty appreciation of the loyal and willing service given by every member of my staff.

I have the honour to be,

Your obedient Servant,

FRANK HAUXWELL.

August, 1937.

GENERAL STATISTICS.

Area (Acres)	7,950
Estimated Population mid-year 1936	108,000
Number of inhabited houses (end of 1936) according to Rate Books	25,280
Rateable Value	£449,886
Product of a penny rate	£1,730

The Net Cost on the Rates of the various Health Services in St. Helens during the year ended the 31st March, 1937, as compared with the previous year is given below.

	Pence per £	
	1935-36	1936-37
Isolation Hospital	4.451	5.667
Tuberculosis	6.479	6.849
Maternity and Child Welfare	8.398	9.318
Venereal Diseases .....	.393	.396
Vaccination .....	.342	.316
Food and Drugs Acts .....	.243	.276
Slaughterhouse and Cold Stores .....	.315	.231
Contagious Diseases of Animals .....	.061	.042
General Sanitary and Administrative Charges	6.312	6.478
Main Drainage	1.632	1.125
Sewage Disposal	3.112	3.397
Building Inspection and Drain Testing	.095	.094
Sanitary Improvement .....	.119	.118
Public Conveniences .....	.578	.505
*Collection and Disposal of Refuse	18.098	17.108
*Blind Persons	3.854	4.243
Total Net Cost of Health Services	54.482	56.163

*Under the control of the Cleansing Committee and the Blind Persons Act Committee respectively.

STAFF.

Medical Officer of Health, Administrative Tuberculosis Officer,
Medical Superintendent of Corporation Hospitals, and School
Medical Officer :

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.)

Deputy Medical Officer of Health :

Gerald O'Brien, M.B., Ch.B., D.P.H. (St. Andrew's).

Assistant Medical Officers of Health :

Harold C. Calvey, M.B., Ch.B. (Liverpool), D.P.H. (Manchester).

Enid M. Hughes, M.B., Ch.B. (Liverpool).

Peter Henderson, M.D. (Aberdeen), D.P.H. (England).
(Resigned September, 1936).

Ian M. McLachlan, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M.
(From October, 1936).

Dental Surgeons :

Ronald G. Clague, L.D.S.

Arthur N. Leicester, B.D.S.

Mary G. Chisnall, L.D.S.

Sanitary Inspectors, etc. :

Ernest Sefton (1), (3), (6), (7), Chief Sanitary Inspector.

W. H. Ball (2), (3), (8), Deputy Chief Sanitary Inspector.

H. Lowe (2), (4) Sanitary Inspector.

W. A. Young (2), (3), (8) do.

*C. W. Glover (2), (3), (4), (8) do.

R. E. Smalley (3), (5), (8), (10) do.

*R. A. Bull (3), (4), (8) do.

J. S. Haworth (3), (8) do.

J. G. Clements (2), (8) do.

A. H. Jenkins (1), (3) do.

T. Blashill (1), (3), Superintendent of Public Abattoir.

Matrons of Corporation Hospitals :

Edith Carder, Borough Isolation Hospital and Eccleston Hall Sanatorium.

Eva May Peters, St. Helens Maternity and Child Welfare Hospital.

Health Visitors and School Nurses :

Superintendent :—Eleanor J. Moorehead (11), (12), (15).

Ethel Denman	(1), (14), (15)	*Ellen R. McDonald	(11), (12), (15)
Mary Riding	(12), (15)	*Agnes MacDonald	(11), (12), (15)
*Amy Coates	(12), (15)	Doris Parkinson	(11), (12), (15)
Emily Corrish	(12), (15)	Amanda S. Hume	(11), (12), (15)
*Daisy C. Cruickshank	(12), (15)	Nellie Richardson	(12), (15)
Nora Hogan	(12), (15)	Leah Rogers	(11), (12), (15)
Mary Corrish	(12), (13), (15)	Louisa Peace	(12), (15)
Alice Happold	(12), (14), (15)	Edith Jones	(11), (12), (15)
Edith Curran	(12), (15)	Caroline Good	(12), (15)

Orthopaedic Nurse :

Isabelle Marvin Corke (16)

Tuberculosis Nurse :

Grace Sumner (12)

Clerk Dispenser and Venereal Diseases Attendant :

Jas. McP. Hutton.

Venereal Diseases Nurse :

Florence Wilkinson (12)

*Resigned during the year.

- (1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
- (2) Sanitary Inspector's Certificate of the Liverpool University.
- (3) Certificate for Meat Inspection of the Royal Sanitary Institute.
- (4) Certificate for Meat Inspection of the Liverpool University.
- (5) Certificate for Sanitary Science of the Royal Sanitary Institute.
- (6) Diploma of the Institute of Sanitary Engineers.
- (7) Diploma of the Building Surveyor's Association.
- (8) Sanitary Inspector's Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.
- (9) Smoke Inspector's Certificate of the Royal Sanitary Institute.
- (10) General Hygiene and Sanitation Certificate of the Royal Sanitary Institute.
- (11) New Health Visitor's Certificate of the Royal Sanitary Institute.
- (12) General Trained Nurse.
- (13) Fever Trained Nurse.
- (14) Children's Trained Nurse.
- (15) State Certified Midwife.
- (16) Certificate of the Chartered Society of Massage and Medical Gymnastics.

The following are part-time officers :—

District Medical Officers :—J. D. O'M. Poole, M.B., Ch. B. ;
H. A. Lomax, M.B., Ch.B., M.R.C.S., L.R.C.P. ; J. A.
Donnellan, M.B., Ch.B. ; T. R. O'Keeffe, L.R.C.P.,
L.R.C.S., L.R.F.P.S. ; J. G. O'Keeffe, L.R.C.P.,
L.R.C.S., L.R.F.P.S.

Public Vaccinators :—H. B. Bates, L.S.A., L.M.S.S.A. ;
J. S. Fox, M.B., C.M., M.R.C.S. ; J. G. O’Keeffe,
L.R.C.P., L.R.C.S., L.R.F.P.S.

Physician to the X-ray Department, Tuberculosis Dispensary :
J. Unsworth, M.B., B.S., (Lond.).

Orthopaedic Surgeon :—B. L. McFarland, M.D. (Liverp.),
M.Ch. (Orth.), M.B., Ch.B., F.R.C.S. (Edin.).

Ophthalmic Surgeon :—E. Allan, M.B., Ch.B. (Edin.).

Ear, Throat and Nose Surgeon :—J. E. G. McGibbon, M.B.,
B.S. (Lond.), D.L.O. (Eng.).

Obstetrician and Gynaecologist:—J. W. Burns, M.D. (Dublin),
B.A., M.B., B.Ch., B.A.O., F.R.C.S. (Edin.).

Speech Therapist :—Muriel W. Ferrie, M.S.S.T.

Public Analyst :—Herbert J. Evans, B.Sc., F.I.C., F.C.S.

Veterinary Inspector :—A. H. Leyland, M.R.C.V.S.

1.—NATURAL AND SOCIAL CONDITIONS OF THE AREA.

PHYSICAL FEATURES AND GENERAL CHARACTER.—St. Helens is situated 10 miles east of Liverpool and 20 miles west of Manchester, and lies on the southern fringe of the Lancashire coal-fields. Geologically the soil consists of clay overlying coal measures, and owing to past mining activities some portions of the town are peculiarly susceptible to subsidence. This is particularly so in the Sutton and Derbyshire Hill districts.

The area of the Borough is 7,950 acres and it is estimated that approximately one quarter of this area is occupied by factories and other industrial works, and one quarter by housing ; the remainder is mainly agricultural land and parks.

Housing development has mainly taken place towards the North West and North, and on these sides there is considerable activity in land development.

The district is well supplied with public parks and recreation grounds—both public and private. The Corporation maintain 14 parks and recreation grounds covering approximately 178 acres.

SOCIAL CONDITIONS.—The chief industries of the town are coal mining and glass making.

The average number of persons unemployed in St. Helens and registered at the Labour Exchange during 1936 (as shown by the figures taken on Monday of each week) was 6,526 men, 514 women, and 593 juveniles (total 7,633). The largest number of unemployed men and women was 8,518 in June and among juveniles 855 in June. The total for 1936 shows a decrease from the previous year, when the average total number of unemployed persons was 8,159.

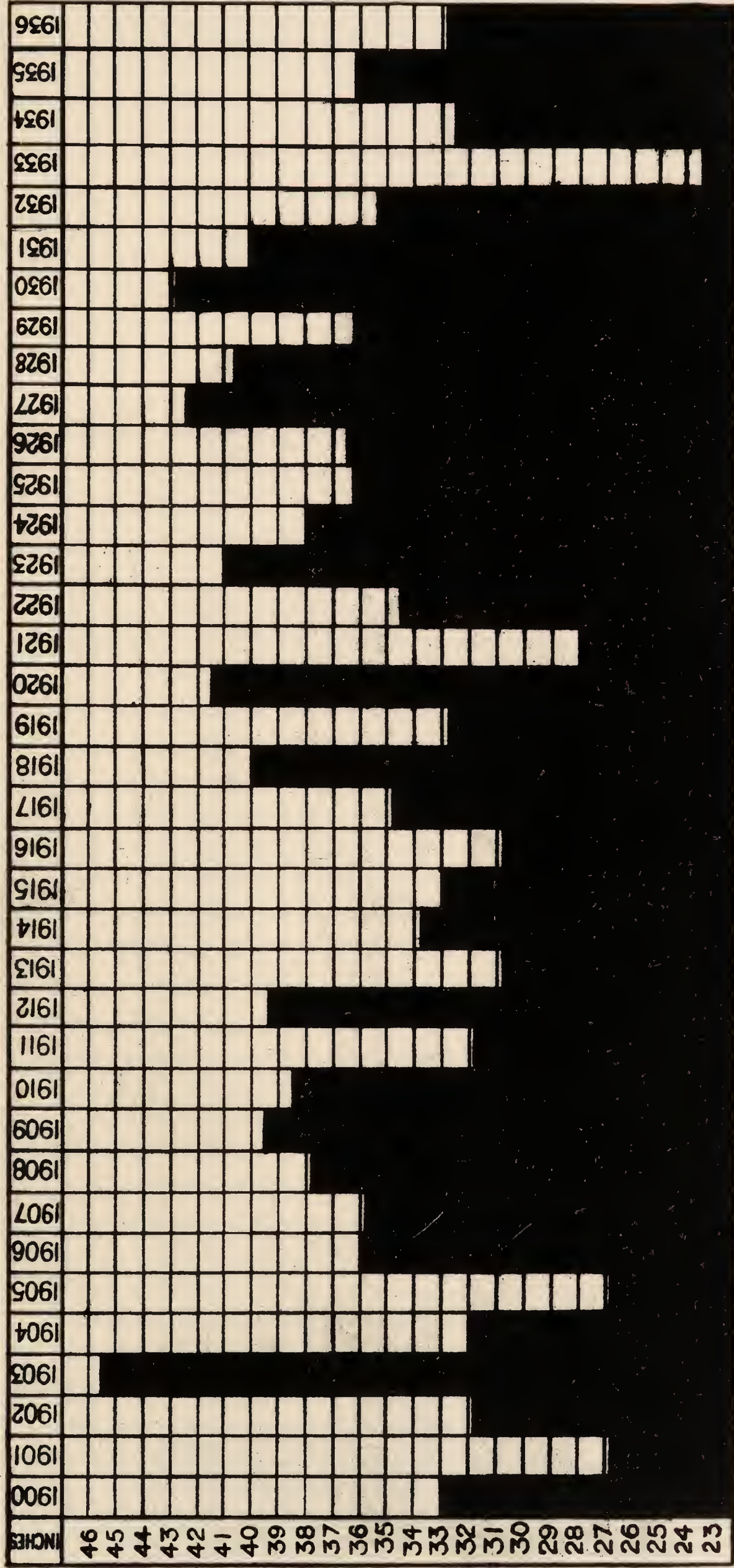
The total amount of domiciliary relief granted in St. Helens by the Public Assistance Committee during the year ended 31st March, 1937, was £95,099/14/8d., of which sum £26,227/19/5d. was granted to unemployed men and their families. The corresponding amounts granted in the previous year were £95,136/16/6d. and £27,809/0/9d. respectively.

From St. Helens 319 men, 269 women and 212 children were admitted to the Poor Law Infirmary, and 106 men, 50 women and 8 children were admitted to the "House" during the year.

Under the National Health Insurance Act, the total number of insured persons in St. Helens on 1st October, 1936, was 44,746, comprising 34,466 men and 10,280 women, or approximately 41% of the total population. The corresponding figures for 1935 were 32,165 men and 9,922 women.

METEOROLOGY.—The total rainfall for the year, as measured at the Victoria Park Observatory, was 32.95 inches. The amount of rainfall recorded at Eccleston Hill Waterworks during the year was 32.72 inches. The annual rainfall since 1900 is shown in Table 1.

TOTAL RAINFALL IN INCHES IN ST. HELENS SINCE 1900.



A sunshine recorder was installed at the Victoria Park Observatory during 1935. This instrument recorded 1,153.25 hours of sunshine during 1936. The greatest duration of sunshine on one day was 12 hours on May 21st. There were 90 sunless days during the year.

The highest temperature in the shade during the year was on the 22nd June when it reached 85.4° F., and the lowest was 13.4° F. on the 19th January.

The special gauge maintained in the centre of the town for the collection and measurement of the amount of atmospheric pollution showed the total solids deposited in St. Helens from the atmosphere during the year ending the 31st March, 1937 to be 17,998 metric tons per 100 square kilometres, or approximately 1,606 pounds per acre.

II.—VITAL STATISTICS.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR :

	M.	F.	Total.
Live Births:—Legitimate.....	1,032	914	1,946
Illegitimate	16	18	34
	<hr/>		
Totals	1,048	932	1,980
	<hr/>		

Birth Rate per 1,000 of the estimated resident population.....18.3

Still Births :—M. 47, F. 35 ; Total : 82.

Rate per 1,000 total (live and still) births.....39.8

Deaths :—M. 722, F. 589 ; Total : 1,311.

Death Rate per 1,000 of the estimated resident population.....12.1

Death Rate per 1,000 adjusted to correspond for age and sex
distribution with England and Wales as a whole 14.9

Percentage of total deaths occurring in public institutions.....44%

Number of women dying from diseases and accidents of pregnancy
and child birth :—

	Deaths	Rate per 1,000 total (live and still) births.
From puerperal sepsis	5	2.42
From other puerperal causes	5	2.42
Totals	<u>10</u>	<u>4.84</u>

Deaths of infants under one year of age :—

	M.	F.	Total.
Legitimate	63	47	110
Illegitimate	1	—	1
Totals	<u>64</u>	<u>47</u>	<u>111</u>

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	56.1
Legitimate infants per 1,000 legitimate live births	56.5
Illegitimate infants per 1,000 illegitimate live births	29.4

Deaths from Measles (all ages)	7
„ Whooping Cough (all ages)	3
„ Diarrhoea (under 2 years of age)	10
„ Tuberculosis	79
Zymotic Death Rate	0.46

Table 2.

COUNTY BOROUGH	Estimated civil population	Birth Rate	Death Rate (adjusted for age and sex)	Infant Mortality	Maternal Mortality	Tuber- culosis Death Rate (all forms) per 100,000 population
		per 1,000 population		per 1,000 live births	per 1,000 total (live and still) births	
England and Wales	40,839,000	14.8	12.1	59	3.6	69
122 County Boroughs and Great Towns	20,937,128	14.9	12.3	63	*	*
Barrow-in-Furness	64,720	15.2	13.8	74	4.0	68
Blackburn	116,000	11.7	14.6	65	6.3	75
Blackpool	121,700	10.8	14.2	63	4.2	65
Bolton	172,900	12.4	14.9	58	4.3	68
Bootle	76,010	22.2	13.2	68	2.3	134
Burnley	91,390	12.2	15.3	64	5.9	71
Bury	59,860	13.9	13.7	56	4.6	67
Liverpool	867,110	20.1	14.8	75	3.5	97
Manchester.....	759,058	14.7	15.4	77	5.0	101
Oldham	131,000	12.9	16.7	70	6.2	56
Preston	115,200	14.4	15.5	83	8.6	69
Rochdale	93,250	11.8	15.8	69	3.5	71
ST. HELENS	108,000	18.3	14.9	56	4.8	73
Salford	206,000	15.0	16.5	90	5.2	112
Southport	79,280	10.1	12.4	51	3.6	52
Warrington	80,300	15.8	14.6	90	5.4	87
Wigan	83,820	17.2	15.3	82	2.6	72

*Rates not available.

Table 2 shows the main vital statistics of St. Helens in comparison with those of the other County Boroughs in Lancashire as well as with those for England and Wales and the 122 County Boroughs and Great Towns in England and Wales.

From this Table it will be seen that of the 17 County Boroughs in Lancashire, St. Helens has the third highest birth rate, and shares, with Bury, the position of having the second lowest infant mortality rate. St. Helens, however, shares with Bolton the position of having the eighth highest death rate, has the eighth highest rate of maternal mortality and the seventh highest tuberculosis death rate.

Table 3 gives a summary of the vital statistics for the past 50 years.

POPULATION.—According to the Registrar-General's estimate, the mid-1936 population was 108,000. This represents a decrease of 100 from the estimated population of the previous year, which was 108,100.

The natural increase in population during 1936, i.e., the excess of the number of births over deaths, was 669, as compared with a natural increase of 711 in 1935, 917 in 1934 and 436 in 1933.

BIRTHS.—The number of births registered in St. Helens during 1936 was 2,105. 31 births occurring in other districts were transferable to St. Helens and 156 occurring in the borough were transferred to other districts, making a total of 1,980 births belonging to the borough. The birth rate for the year was 18.3 per 1,000 of the population as compared with 18.7 for the previous year. The rate for England and Wales during 1936 was 14.8 and for the 122 County Boroughs and Great Towns was 14.9 per 1,000.

The following table shows the birth rate and the marriage rate for St. Helens for 1936 in comparison with the rates for quinquennial periods since 1896.

Period.	Birth Rate. per 1,000 of the population.	Marriage Rate.
1896-1900	37.0	13.5
1901-1905	33.5	12.7
1906-1910	37.3	13.5
1911-1915	32.5	14.3
1916-1920	25.9	14.2
1921-1925	25.5	13.2
1926-1930	21.6	12.0
1931-1935	19.2	14.1
1936	18.3	17.4

In 1936 the male births numbered 1,048 and the female 932, being a proportion of 1,124 male to 1,000 female children born.

Table 3.

Statistics for St. Helens.

YEAR	Population	Birth Rate	Crude Death Rate	Zymotic Death Rate	Infant Mortality Rate	Rate of Persons Married	DEATHS FROM							
							Smallpox	Measles	Scarlet Fever	Typhoid Fever	Typhus Fever	Diarrhoea	Whooping Cough	Diphtheria
1887	65,718	37.00	21.69	3.9	163	—	0	53	35	34	0	101	28	11
1888	67,158	39.20	19.80	3.1	151	—	0	38	11	22	0	65	61	21
1889	68,628	39.86	23.50	4.18	177	—	0	78	3	81	1	85	15	29
1890	70,132	38.90	25.43	5.3	170	—	0	19	181	24	1	74	68	13
1891	71,509	40.80	26.02	3.0	180	—	0	54	24	26	0	78	29	9
1892	72,399	40.2	21.0	2.64	147	—	1	23	18	25	0	84	31	12
1893	73,576	41.3	24.4	5.4	196	—	5	135	6	52	0	168	19	16
1894	*76,112	37.8	18.3	2.21	161	14.6	0	21	14	26	2	38	61	10
1895	77,288	40.9	21.8	3.10	181	13.0	1	54	9	59	0	101	14	8
1896	78,482	38.7	20.9	3.73	177	13.2	0	38	59	40	0	63	78	17
1897	79,694	40.0	21.8	4.3	181	14.2	0	87	44	33	0	133	33	20
1898	80,926	40.3	19.9	3.2	172	14.2	0	17	24	30	0	140	34	16
1899	82,176	38.3	20.4	2.9	157	13.0	0	21	8	43	0	114	41	15
1900	83,445	37.1	22.8	3.2	188	13.0	0	59	25	19	0	91	56	19
1901	84,734	36.9	19.7	2.56	175	13.9	0	7	29	34	0	95	17	3
1902	86,043	37.4	19.7	2.60	167	11.4	0	59	52	25	0	50	18	20
1903	87,372	39.1	17.5	1.72	138	13.0	0	1	26	18	0	53	30	23
1904	88,722	37.4	20.9	3.96	174	12.9	3	131	17	13	0	120	49	22
1905	89,843	36.1	17.2	1.88	132	11.7	0	41	16	2	0	66	26	18
1906	91,153	33.9	17.3	1.79	159	11.9	0	10	4	18	0	105	5	22
1907	92,476	34.1	18.3	2.87	155	13.6	0	145	10	12	0	36	52	11
1908	93,812	35.2	16.0	1.32	122	12.3	0	0	29	12	0	59	7	17
1909	95,161	32.0	18.5	3.5	149	12.7	0	188	33	13	0	27	62	12
1910	96,523	32.7	14.5	1.26	121	13.1	1	15	22	10	0	51	16	7
1911	96,870	33.5	18.3	3.03	158	12.7	0	69	13	22	0	143	39	8
1912	98,159	32.0	15.5	1.76	124	14.0	0	62	19	8	0	49	46	19
1913	99,460	32.2	18.9	3.74	155	14.6	0	189	26	4	0	120	18	15
1914	100,775	33.3	17.1	1.62	138	14.1	0	25	5	4	0	98	24	8
1915†	92,240	32.1	19.3	3.1	129	16.1	0	126	12	6	0	78	40	32
1916†	90,000	26.5	16.8	1.95	108	14.9	0	2	30	2	0	64	34	85
1917†	90,600	22.0	16.5	2.26	123	10.6	0	65	20	2	0	37	19	79
1918†	90,600	24.1	21.2	2.45	126	11.4	0	26	24	0	0	48	24	100
1919†	100,805	25.5	15.0	0.82	117	17.5	0	5	9	2	0	35	7	25
1920	104,822	31.8	13.5	1.2	113	16.8	0	56	7	0	0	44	7	13
1921	104,900	29.1	12.6	0.83	103	17.2	0	7	5	0	0	63	24	5
1922	106,400	26.4	13.4	0.93	115	11.5	0	60	4	2	0	28	3	5
1923	107,100	24.4	11.9	0.39	91	12.8	0	0	4	1	0	24	10	8
1924	108,700	24.1	12.0	0.68	103	12.7	0	29	1	2	4	36	11	4
1925	109,600	23.9	12.0	0.85	100	12.0	0	17	7	3	0	35	33	6
1926	110,000	23.2	12.0	0.62	102	10.2	0	27	1	0	0	43	4	6
1927	113,100	20.8	11.4	0.82	88	11.5	0	60	2	0	0	26	5	7
1928	110,500	21.8	12.0	0.67	98	11.8	0	15	5	1	0	29	21	10
1929	109,200	20.7	14.6	0.91	114	13.0	0	49	6	1	0	23	13	11
1930	109,200	21.5	11.4	0.28	80	13.6	0	7	2	0	0	4	8	4
1931	108,300	20.1	12.5	0.48	88	13.6	0	30	0	0	0	21	0	7
1932	107,600	20.1	11.4	0.22	89	13.9	0	1	1	0	0	26	4	0
1933	107,600	18.0	14.0	0.83	116	13.4	0	12	2	3	0	18	52	8
1934	*108,240	19.1	10.6	0.38	65	13.6	0	10	2	1	0	19	1	18
1935	108,100	18.7	12.2	0.61	94	15.8	0	14	2	1	0	21	15	17
1936	108,000	18.3	12.1	0.46	56	17.4	0	7	4	0	0	13	3	26

† Estimated civil population.

* Borough extended.

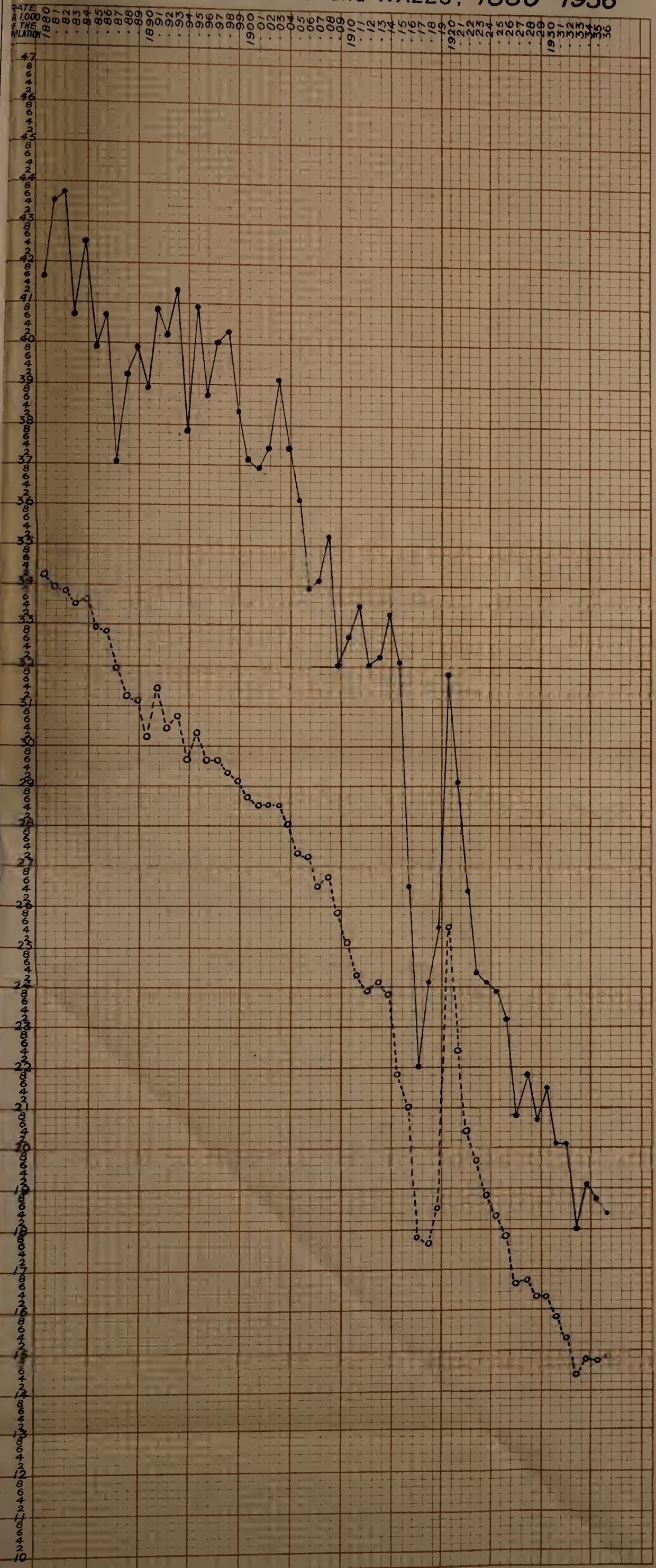
Table 4.
Number of illegitimate births.

Years	...	...	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Number of illegitimate births			78	112	127	131	136	81	76	70	79	68	80	62	58	72	59	44	44	47	45	34
Proportion per 1,000 population		...	0.79	1.1	1.2	1.2	1.3	0.7	0.7	0.64	0.72	0.61	0.7	0.56	0.53	0.66	0.54	0.41	0.41	0.44	0.42	0.31

Table 5.
Number of marriages.

Years	...	...	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Number of Marriages			536	579	924	882	903	612	686	692	661	565	653	653	710	740	738	750	723	733	852	938
Marriage rate per 1,000 population		...	10.6	11.4	17.5	16.8	17.2	11.5	12.8	12.7	12.0	10.2	11.5	11.8	13.0	13.6	13.6	13.9	13.4	13.6	15.8	17.4

TABLE 7.
 BIRTH RATE -
 ST. HELENS and ENGLAND and WALES, 1880-1936



St. Helens —●—

England and Wales ○- - - -

Illegitimate births were 1.7% of the total, as compared with 2.2% in the previous year. Table 4 gives the illegitimate birth rate since 1917.

Table 7 shows the birth rate for St. Helens since 1880 and the figures for England and Wales for the same period.

MARRIAGES.—The number of marriages during the year was 938, giving a rate of persons married of 17.4 per 1,000 of the population.

This rate, as also was the rate for the latter half of 1935, is much higher than it has been for many years, but the increase, as mentioned in my last Report, has almost certainly been due to the Superintendent Registrar's Office having been centred in St. Helens as from July, 1935, and not in Whiston as formerly.

Table 5 shows the rate for past years.

DEATHS.—The number of deaths occurring within the borough during the year was 1,203. This total includes 144 deaths in St. Helens of persons usually resident in other areas, but excludes 252 deaths of persons usually resident within the borough which occurred in other areas, so that the actual number of deaths assignable to St. Helens is 1,311. This gives a crude death rate of 12.1 per 1,000 of the resident population, compared with a rate of 12.2 per 1,000 for 1935.

The adjusted death rate for 1936 (i.e. the crude death rate 'adjusted' to a figure which represents the rate of mortality that would have occurred if the age and sex distribution in St. Helens had been the same as that of England and Wales as a whole), was 14.9 per 1,000 as compared with 15.0 per 1,000 in 1935. The death rate for England and Wales as a whole for 1936 was 12.1 per 1,000.

Though yearly variations in age and sex distribution also occur locally, these are never very great, so that the crude death rate can be used for yearly local comparisons and the trend of the death rate in St. Helens since 1881 is seen in the following statement :—

Crude Death Rate per 1,000 of the population.

Period.	
1881-85	23.2
1886-90	22.5
1891-95	21.8
1896-1900	20.3
1901-05	19.0
1906-10	16.9
1911-15	17.8
1916-20	16.6
1921-25	12.3
1926-30	12.3
1931-35	12.1
1936	12.1

Seasonal Deaths.—The following statement gives the number of St. Helens deaths in each quarter of the year, with the death rate for each quarter, and the death rate for England and Wales for the same periods.

	No. of Deaths.	Death rate per 1,000 of population.		
		St. Helens (Crude)	St. Helens (Adjusted)	England & Wales
First Quarter	450	16.7	20.5	15.1
Second Quarter	318	11.8	14.5	11.8
Third Quarter	242	9.0	11.1	9.7
Fourth Quarter	301	11.1	13.7	12.0

Coroner's Inquests.—During the year, 119 deaths were reported to the Coroner. In 56 of these the Coroner was able without an inquest to issue a certificate attributing the death to natural

causes. In 63 instances where inquests were held, the deaths were recorded as attributable to :—

Colliery accidents	.....	.....	.....	.....	.....	.....	5
Street accidents	.....	.....	.....	.....	.....	.....	15
Accidents in works	.....	.....	.....	.....	.....	.....	8
Drowning	.....	.....	.....	.....	.....	.....	3
Poisoning	.....	.....	.....	.....	.....	.....	7
Scalds and burns	.....	.....	.....	.....	.....	.....	6
Other deaths from violence	.....	.....	.....	.....	.....	.....	13
Natural causes	.....	.....	.....	.....	.....	.....	4
Other causes	.....	.....	.....	.....	.....	.....	2
							63

Causes of Death.—Figures relating to the causes of, and ages at, death during the year are given in Table 9.

Zymotic Death Rate.—The number of deaths caused by the “ seven principal epidemic diseases ” during 1936 was 50, giving a zymotic death rate of 0.46 per 1,000 of the population as compared with 0.61 during 1935.

The causes of these deaths during 1936 were as follows :—

Diarrhœa and enteritis (under 2 years)	.....	.....	10
Whooping Cough	.....	.....	3
Measles	.....	.....	7
Scarlet Fever	.....	.....	4
Diphtheria (including membranous croup)	.....	.....	26
Fever (enteric, typhus, and simple continued fever)	.....	.....	0
Smallpox	.....	.....	0

Table 3 shows the figures during the past 50 years.

Table 9.
Causes of, and ages at, death during 1936.

Causes of Death	Sex	At Ages											
		All Ages	0-1	1-	2-	5-	15-	25-	35-	45-	55-	65-	7-
All Causes	M F	722 589	64 47	16 20	8 13	24 25	34 23	40 35	38 32	78 58	135 113	175 122	
Typhoid and paratyphoid fevers	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
Measles	M F	— 7	— 1	— 4	— 1	— 1	— —	— —	— —	— —	— —	— —	
Scarlet fever	M F	1 3	— —	— 2	— —	1 1	— —	— —	— —	— —	— —	— —	
Whooping cough	M F	2 1	1 1	1 —	— —	— —	— —	— —	— —	— —	— —	— —	
Diphtheria	M F	13 13	— —	— —	3 3	10 9	— —	— —	— —	— 1	— —	— —	
Influenza	M F	18 13	— 1	2 1	— —	— —	1 —	2 2	1 —	4 1	6 1	2 6	
Encephalitis lethargica	M F	— 2	— —	— —	— —	— 1	— —	— —	— —	— 1	— —	— —	
Cerebro-spinal fever	M F	1 —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	
Tuberculosis of respiratory system	M F	36 36	— —	— —	— —	— 2	5 13	12 6	7 9	5 5	6 1	1 —	
Other tuberculous diseases	M F	5 2	— —	1 —	— —	— —	2 2	1 —	1 —	— —	— —	— —	
Syphilis	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
General paralysis of the insane, tabes dorsalis	M F	2 1	— —	— —	— —	— —	— —	— —	1 —	1 1	— —	— —	
Cancer, Malignant disease	M F	70 73	— —	— —	— —	— —	— —	1 2	2 7	9 8	26 28	26 15	
Diabetes	M F	8 12	— —	— —	— 1	— —	— 1	2 1	— —	2 1	— 2	4 6	
Cerebral haemorrhage, etc.	M F	35 39	— —	— —	— —	— —	— —	— —	— —	4 3	11 10	15 16	
Heart Disease	M F	165 122	— —	— —	— —	— 2	5 4	4 4	6 4	17 12	44 28	57 38	
Aneurysm	M F	1 1	— —	— —	— —	— —	— —	— —	— —	1 1	— —	— —	
Other circulatory diseases	M F	27 14	— —	— —	— —	— —	— —	— —	— —	1 —	5 4	15 5	
Bronchitis	M F	44 24	3 2	— 3	— —	— —	1 1	1 —	— —	2 1	6 4	16 6	
Pneumonia (all forms)	M F	65 42	13 4	5 9	3 5	4 5	7 1	4 1	6 3	9 4	8 5	4 4	
Other respiratory diseases	M F	14 4	1 —	— —	— —	— 2	— —	2 —	3 1	2 —	2 —	2 —	
Peptic ulcer	M F	10 3	— —	— —	— —	— —	— —	1 —	5 —	1 —	2 2	1 1	
Diarrhœa, etc.	M F	9 4	8 1	1 —	— 2	— —	— —	— —	— —	— —	— —	— 1	
Appendicitis	M F	5 1	— —	— —	1 —	2 —	1 —	1 —	— —	— 1	— —	— —	
Cirrhosis of liver	M F	— 1	— —	— —	— —	— —	— —	— —	— —	— 1	— —	— —	
Other diseases of liver, etc.	M F	3 4	— —	— —	— —	— —	— —	— —	— —	1 —	1 3	1 1	
Other digestive diseases	M F	5 16	— —	— —	— —	— 1	1 —	— 2	— 1	— 3	2 3	2 4	

Table 9—continued.

Causes of Death	Sex	All Ages	At Ages										
			0-1	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
Acute and chronic nephritis	M	15	—	—	—	—	1	1	1	1	3	7	1
	F	15	—	—	—	—	—	—	—	3	6	4	2
Puerperal Sepsis	F	5	—	—	—	—	—	4	1	—	—	—	—
Other puerperal causes	F	5	—	—	—	—	—	4	1	—	—	—	—
Congenital debility, premature birth, malformations, etc.	M	30	30	—	—	—	—	—	—	—	—	—	—
	F	29	29	—	—	—	—	—	—	—	—	—	—
Fertility	M	30	—	—	—	—	—	—	—	—	—	6	24
	F	24	—	—	—	—	—	—	—	—	1	3	20
Suicide.....	M	4	—	—	—	—	1	—	—	1	2	—	—
	F	4	—	—	—	—	—	1	2	—	1	—	—
Other violence	M	39	—	3	—	5	7	4	1	5	1	5	8
	F	12	—	—	1	1	—	1	—	—	3	2	4
Other defined diseases	M	62	8	3	—	2	2	4	4	10	9	11	9
	F	53	8	1	—	—	1	7	3	10	11	8	4
Cases ill-defined or unknown	M	3	—	—	—	—	—	—	—	2	1	—	—
	F	4	—	—	—	—	—	—	—	1	—	2	1
Totals		1311	111	36	21	49	57	75	70	136	248	297	211

Deaths from Tuberculosis.—Tuberculosis was the cause of 79 deaths during the year—that is 6.03% of all deaths belonging to the borough. Of these deaths, 72 were attributable to tuberculosis of the lungs and 7 to other forms of tuberculosis. The ages at which these deaths occurred are shown in Table 9.

Malignant Diseases.—The deaths from these diseases during the past five years were as follows :—

AGE	1932	1933	1934	1935	1936
Under 1 year	—	—	—	—	—
1—2 years	—	—	—	—	—
2—5 „	—	—	—	—	—
5—15 „	—	—	2	—	—
15—25 „	—	—	—	2	—
25—35 „	5	2	5	1	3
35—45 „	6	12	4	11	9
45—55 „	19	30	16	21	17
55—65 „	45	29	40	32	54
65—75 „	41	43	37	44	41
75 and over	12	15	17	10	19
Totals	128	131	121	121	143
Percentage of the total deaths	10.43	8.72	10.54	9.20	10.91
Death rate per 1,000 of population	1.19	1.22	1.12	1.12	1.32
Death rate per 1,000 of population, England and Wales	1.51	1.53	1.56	1.59	1.62

There would appear to be no relationship between the incidence of malignant diseases and industrial processes in St. Helens.

There are no special facilities in St. Helens for the diagnosis of Cancer. In regard to treatment, the Local Authority have made arrangements with the Lancashire County Council that any cases sent to the Whiston Infirmary (the Public Assistance Institution for St. Helens) which, in the opinion of the Medical Superintendent of that Infirmary would benefit by radium treatment, are transferred to the Christie Hospital and Holt Radium Institute, Manchester. The local voluntary Hospital—the St. Helens Hospital—also have arrangements whereby cases from their Institution requiring radium treatment can be sent to the Liverpool Radium Institute and Hospital for Cancer.

Other causes of death.—The following extract from Table 9 shows some of the other principal causes of death :—

	Number	Percentage of Total Deaths.
Pneumonia (all forms)	107	8.16
Bronchitis and other Respiratory Diseases	86	6.56
Influenza	31	2.36
Heart Disease	287	21.89
Cerebral Haemorrhage, etc.	74	5.64
Suicide and other deaths from violence	59	4.50

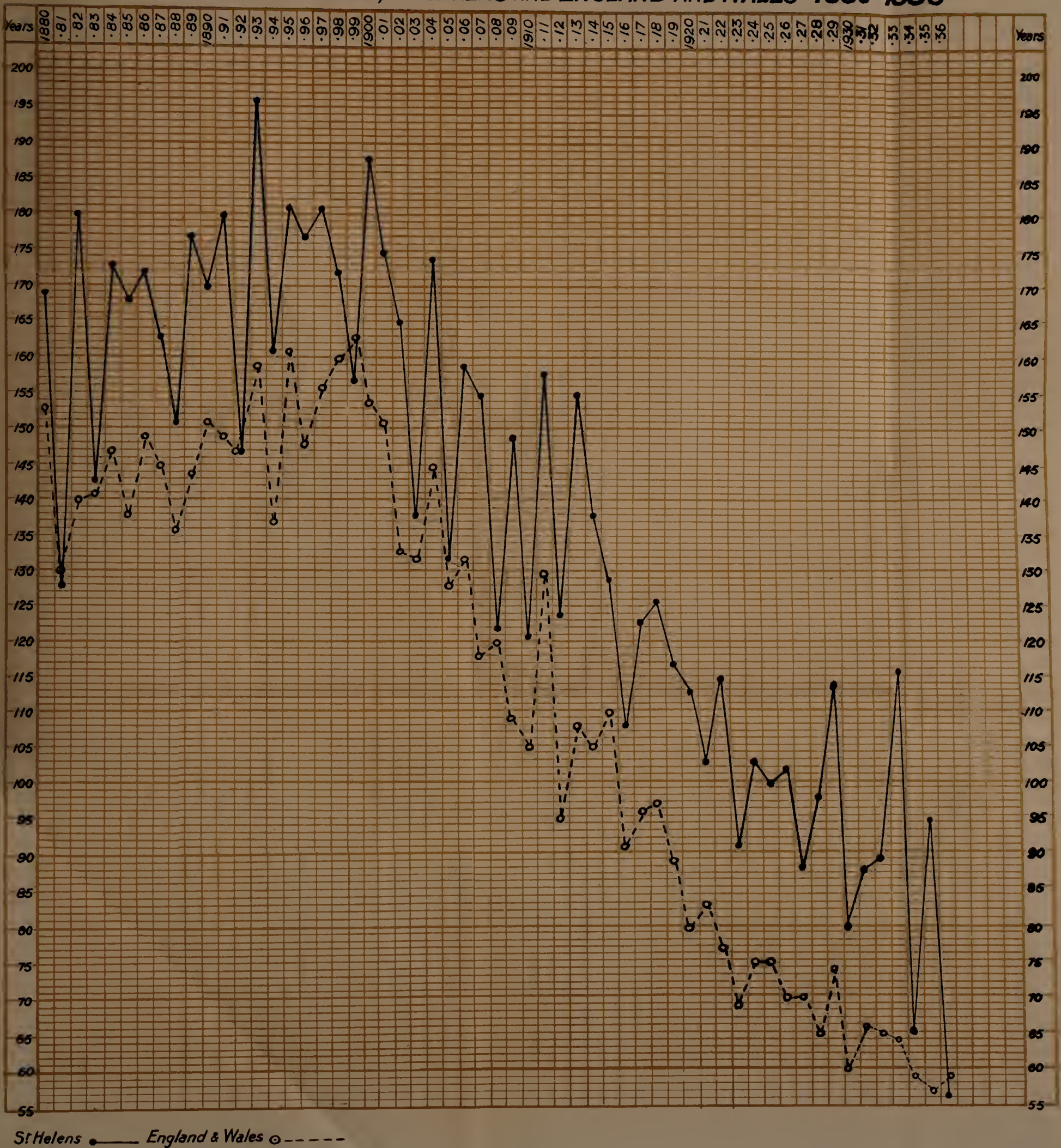
Infant Mortality.—During 1936 there were 111 deaths of children under one year of age. This corresponds to an infant mortality rate of 56.1 per 1,000 births. The infant death rate for 1935 was 94.3.

Further reference to this subject is made in the Maternity and Child Welfare Section.

Table 10 shows the infant death rate for St. Helens since 1880, and the figures for England and Wales for the same period.

Table 10.

INFANT MORTALITY RATE, ST HELENS AND ENGLAND AND WALES - 1880-1936



III.—INFECTIOUS DISEASES.

The following are the infectious diseases compulsorily notifiable to the Medical Officer of Health in St. Helens :—

Smallpox	Puerperal Fever
Scarlet Fever	Puerperal Pyrexia
Diphtheria and Membranous	Cerebro-Spinal Fever
Croup	Acute Poliomyelitis
Enteric Fever	Acute Polioencephalitis
Typhus Fever	Acute Encephalitis Lethargica
Relapsing Fever	Ophthalmia Neonatorum
Continued Fever	Erysipelas
Dysentery	Malaria
*Pneumonia	†Measles and German Measles
Cholera	†Whooping Cough
Plague	Tuberculosis (all forms)

**Acute Primary Pneumonia and Acute Influenzal Pneumonia.*

†*Notification by medical practitioner is not required if the disease “has occurred in the same family or institution and been notified within the period of two months immediately preceding the date on which he first becomes aware of a further case.”*

Table 11 shows the total number of cases notified during the year, the total number of deaths which occurred, and the numbers admitted to the Corporation Hospitals.

Table 12 gives the age distribution of the cases notified, and Table 9 the age distribution of the deaths which occurred. The number of cases notified during each week of the year is shown in Table 13, and the number of notifications each year during the past 10 years is seen in Table 14.

Table 11.

Infectious Diseases, 1936.—Total number of cases notified, number of cases admitted to hospital, and the total deaths.

DISEASE	Notifications received	Cases admitted to hospital	Total Deaths
Smallpox	—	—	—
Scarlet Fever	590	570	4
Diphtheria	482	480	26
Measles	1569	15	7
Whooping Cough	102	1	3
Enteric Fever	1	1	—
Dysentery	10	—	—
Erysipelas	92	9	8
Pneumonia	307	4	107
Typhus Fever	—	—	—
Puerperal Fever	8	6	} 5
Puerperal Pyrexia	17	11	
Ophthalmia Neonatorum	12	—	—
Poliomyelitis	1	—	1
Encephalitis Lethargica	2	—	2
Cerebro-Spinal Fever	2	1	1
Malaria	—	—	—

Table 12.

Age distribution of cases of Infectious Diseases notified during 1936.

[illegible]

Table 13.

Infectious Diseases.—Number of cases of Infectious Diseases notified each week in 1936.

Week ending	Smallpox	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Enteric Fever	Dysentery	Erysipelas	Pneumonia	Typhus Fever	Puerperal Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Poliomyelitis	Encephalitis Lethargica	Cerebro-Spinal Fever
4	—	15	7	165	2	—	—	2	6	—	—	2	—	—	—	—
11	—	30	9	62	—	—	—	4	7	—	—	—	—	—	—	—
18	—	18	12	100	—	—	—	3	3	—	—	—	—	—	—	—
25	—	18	14	70	3	—	—	2	6	—	1	—	—	—	1	—
1	—	24	10	43	—	—	—	3	—	—	1	1	—	—	—	—
8	—	14	15	47	1	—	—	2	3	—	2	—	—	—	—	—
15	—	15	11	58	—	—	—	—	13	—	—	1	—	—	—	—
22	—	20	12	74	1	—	—	1	13	—	—	—	—	—	—	—
29	—	16	18	72	2	—	—	6	18	—	1	—	—	—	—	—
7	—	13	12	61	3	—	—	1	13	—	—	—	—	—	—	—
14	—	15	7	72	1	—	—	4	7	—	—	—	—	—	—	—
21	—	13	17	49	1	—	—	1	11	—	—	—	—	—	—	—
28	—	12	7	70	2	—	—	2	12	—	—	—	—	1	—	—
4	—	14	12	46	—	1	—	—	7	—	—	—	1	—	1	—
11	—	8	7	55	1	—	—	5	6	—	1	—	—	—	—	—
18	—	12	6	36	2	—	—	4	3	—	—	—	—	—	—	1
25	—	11	5	64	2	—	—	2	3	—	—	2	—	—	—	—
2	—	6	12	13	4	—	—	4	6	—	—	—	—	—	—	—
9	—	12	13	31	2	—	—	—	6	—	—	—	1	—	—	—
16	—	10	11	14	2	—	—	1	4	—	—	—	3	—	—	—
23	—	8	19	41	—	—	—	1	7	—	1	1	1	—	—	—
30	—	6	12	27	4	—	—	1	5	—	1	—	—	—	—	—
e 6	—	6	8	28	—	—	3	3	5	—	—	—	—	—	—	—
13	—	7	10	34	2	—	2	4	5	—	—	1	—	—	—	—
20	—	11	7	41	2	—	2	3	4	—	—	—	—	—	—	—
27	—	4	10	42	2	—	2	2	5	—	—	—	—	—	—	—
y 4	—	10	8	27	2	—	—	1	1	—	—	—	2	—	—	—
11	—	9	2	18	—	—	—	1	6	—	—	1	1	—	—	—
18	—	12	7	15	2	—	1	2	6	—	—	—	—	—	—	—
25	—	12	7	13	1	—	—	—	1	—	—	—	—	—	—	—
g. 1	—	10	5	18	—	—	—	2	4	—	—	—	—	—	—	—
8	—	6	3	7	—	—	—	—	3	—	—	—	—	—	—	—
15	—	5	3	12	—	—	—	2	5	—	—	—	—	—	—	—
22	—	7	4	6	—	—	—	2	7	—	—	—	—	—	—	—
29	—	10	1	3	3	—	—	2	4	—	—	—	1	—	—	—
ot. 5	—	6	6	3	3	—	—	2	4	—	—	—	1	—	—	—
12	—	9	4	—	3	—	—	—	4	—	—	—	—	—	—	—
19	—	10	2	1	—	—	—	—	6	—	—	1	—	—	—	—
26	—	12	3	7	8	—	—	—	4	—	—	1	—	—	—	—
t. 3	—	11	8	2	3	—	—	2	2	—	—	—	—	—	—	—
10	—	8	12	2	4	—	—	—	3	—	—	—	—	—	—	—
17	—	7	13	—	2	—	—	2	6	—	—	—	—	—	—	—
24	—	5	6	3	1	—	—	—	5	—	—	1	—	—	—	—
31	—	13	12	6	7	—	—	1	6	—	—	—	—	—	—	—
v. 7	—	6	9	—	3	—	—	—	5	—	—	1	—	—	—	—
14	—	6	6	2	1	—	—	2	5	—	—	—	1	—	—	—
21	—	11	10	2	5	—	—	5	4	—	—	—	—	—	—	—
28	—	14	9	—	4	—	—	1	5	—	—	—	—	—	—	—
c. 5	—	16	9	1	7	—	—	—	2	—	—	1	—	—	—	—
12	—	8	12	1	1	—	—	—	11	—	—	1	—	—	—	—
19	—	10	12	1	—	—	—	1	10	—	—	1	—	—	—	—
26	—	9	10	3	—	—	—	1	4	—	—	—	—	—	—	—
n. 2	—	10	16	1	3	—	—	2	6	—	—	1	—	—	—	—
Total	—	590	482	1569	102	1	10	92	307	—	8	17	12	1	2	2

Table 14.

Notification of Infectious Diseases received during the undermentioned years.

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Smallpox	—	2	—	—	—	—	—	—	—	—
Scarlet Fever	206	1111	506	255	148	147	281	286	543	590
Diphtheria	131	153	170	162	121	86	203	231	225	482
Measles	2892	1465	1995	1026	2332	512	4092	1177	1416	1569
Whooping Cough	448	649	685	516	43	394	1580	185	1032	102
Enteric Fever	1	1	2	3	1	—	11	2	2	1
Dysentery	1	13	1	2	—	15	1	1	—	10
Erysipelas	70	80	77	72	52	58	80	77	70	92
Pneumonia	209	263	491	251	226	308	469	234	295	307
Typhus Fever	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	6	11	16	17	7	6	2	10	9	8
Puerperal Pyrexia	23	20	25	13	8	8	12	19	14	17
Ophthalmia										
Neonatorum	23	20	24	14	3	7	6	7	14	12
Poliomyelitis.....	—	—	9	—	—	—	12	—	1	1
Encephalitis										
Lethargica	2	3	1	2	1	1	1	1	2	2
Cerebro-Spinal Fever	—	—	1	—	—	17	10	—	1	2
Malaria	1	—	—	—	—	—	—	—	—	—

GENERAL OBSERVATIONS.—As regards Infectious Diseases, the year 1936, whilst displaying no marked epidemic features, could not be described as a healthy year, and, indeed, presented several disquieting tendencies. The uncongenial and changeable weather experienced throughout the summer probably accounted in a great measure for this persistence of infection, as opportunities for children to play and exercise in the sunshine and open air were limited.

One pleasing feature was the cessation of the epidemic of measles which had been so pronounced during 1935 and the early part of 1936. There was also a very considerable reduction in the number of cases of whooping cough. Scarlet fever, however, showed a steady incidence and the figures, whilst not of epidemic severity showed the highest total since 1928. Also there were more than twice as many cases of diphtheria as in the previous year, and the total number of notifications of this disease was the highest since 1918.

Figures for the other zymotic diseases showed little variation from the average.

SMALLPOX.—No case of smallpox was notified during the year.

The extent of vaccination in St. Helens since 1901 is shown in Table 15.

Table 15.

Vaccination returns since 1901.

YEAR	2 Vaccinated	3 Insus- ceptible	4 Dead	5 Con- scientious Objectors	6 Post- poned	7 Re- moved	8 Unaccounted	Percentage not Vaccinated including Columns 5, 6, 7, 8
1901	2,639	4	391	11	29	59	24	4.4
1902	2,788	4	342	7	12	58	34	3.8
1903	2,977	8	325	2	6	62	11	2.6
1904	2,940	7	341	10	10	42	25	2.8
1905	2,923	3	270	6	10	29	18	2.1
1906	2,733	5	318	8	12	39	22	2.8
1907	2,810	9	257	24	19	49	17	3.7
1908	2,858	18	248	70	11	35	20	4.5
1909	2,720	8	241	81	9	33	11	4.7
1910	2,731	3	255	131	3	23	19	6.0
1911	2,750	9	277	148	5	26	14	6.5
1912	2,646	4	294	216	12	23	4	8.7
1913	2,499	6	296	339	14	27	9	13.0
1914	2,654	11	281	348	6	22	24	13.0
1915	2,352	2	189	367	9	34	15	15.3
1916	2,056	4	186	287	3	39	24	14.6
1917	1,702	4	158	267	1	6	45	15.7
1918	1,861	0	201	281	8	40	19	14.5
1919	1,999	2	189	385	4	25	18	17.8
1920	2,452	1	223	553	12	18	23	19.8
1921	2,234	2	179	530	6	29	17	20.6
1922	2,143	7	185	411	5	27	23	17.8
1923	2,144	10	139	261	4	10	22	12.17
1924	2,227	7	156	157	6	12	25	8.24
1925	2,150	2	147	234	8	10	26	11.45
1926	2,084	8	151	237	14	9	14	11.62
1927	1,984	7	145	196	10	20	11	10.67
1928	1,990	5	149	242	8	20	8	12.26
1929	1,782	8	139	288	7	16	11	15.3
1930	1,852	3	122	317	8	11	19	16.09
1931	1,724	9	116	329	8	11	15	17.39
1932	1,712	4	125	352	5	15	12	18.32
1933	1,520	5	118	313	8	20	14	18.93
1934	1,663	2	92	355	5	13	23	19.33
1935	1,586	4	120	411	7	21	18	22.37†

† Of the 22.37 per cent. unvaccinated, 20.11 per cent. are conscientious objectors.

SCARLET FEVER.—During 1936, 590 cases were notified and 4 deaths occurred. During the first five months of the year, the incidence of scarlet fever was steady and marked, although not reaching epidemic height. The summer months brought only a brief respite, for towards the end of the year the notifications again showed a tendency to increase. The occurrence was widespread and general, although the disease was of an uncomplicated type as may be seen from the figure for the average duration of stay in hospital, which fell from 32 to 30 days. The case mortality was not increased, and once again the use of anti-scarlatina serum in all cases except the mild ones, proved a successful factor in treatment.

The following statement shows the age distribution of all cases occurring and of the deaths :—

Age	No. of Cases.	No. of Deaths.	Case Mortality.
Under 5 years	175	2	1.1%
5—15 years	355	2	0.6%
Over 15 years	60	—	—

Cases are normally discharged from hospital at the end of 28 days, but during 1936 the average duration of stay was 30 days. One case developed mastoiditis and was successfully operated on.

DIPHTHERIA.—The increase in the number of cases of diphtheria was marked, and the disease was definitely of a severe type. This was not reflected in the mortality figures which actually showed an appreciable decrease from the preceding year, and thus provided a comforting assurance of the adequacy of the treatment provided. But the severity of the type of disease was displayed in the number of cases which developed signs of late paralysis, (e.g., paralysis of leg muscles, eye muscles, etc.,) which prevented a quick return to normal life after discharge from hospital. With regard to limb paralysis, many of these cases were referred, after discharge, to the Orthopaedic Clinic for massage treatment, and great benefit was derived from this.

The following statement shows the age distribution of the cases occurring and of the deaths :—

Age.	No. of cases.	No. of Deaths.	Case mortality.
Under 5 years	92	6	6.5%
5—15 years	330	19	5.8%
15—45 years	59	—	—
Over 45 years	1	1	100%

Once again propaganda work in favour of immunisation against diphtheria was carried out in schools, in welfare clinics, and on the districts. The response was a little more satisfactory than in previous years, and practically twice the number of children were immunised in 1936 as compared with 1935. Much more use should, however, be made of the Immunisation Clinic at the Claughton Street Centre, and this is especially applicable in the case of children under 5 years of age.

Since immunisation was commenced in St. Helens, 2 cases have been admitted to the Isolation Hospital, suffering from true diphtheria, with a history of having been “immunised.” On investigation of the records, it was found that neither of these cases had completed their course of inoculations at the clinic. They were, therefore, not truly immunised. In cases of isolated school outbreaks, it has invariably been found that children who have been properly immunised do not contract the disease, although closely in contact with it.

The following figures show the work carried out at the Immunisation Clinic during 1936 :—

No. of children tested as to susceptibility	373
No. of children immunised	500
No. of children who failed to complete the immunisation treatment	90
Total attendances at the Clinic	2,690

These figures do not include cases immunised by private practitioners, but it is believed that the latter number is relatively very small.

For the treatment of diphtheria, antitoxin is available, without charge, for medical practitioners, either at the office of the Medical Officer of Health or at the Borough Isolation Hospital. It is pleasing to note that during the past year greater use has been made of this service.

ENTERIC FEVER.—Only one case was notified during the year, and was admitted to the Isolation Hospital. Investigation revealed that the patient had contracted the disease in Ireland, and had only been a few days in St. Helens when the disease became manifest. Recovery was complete and uneventful, and follow-up investigation of contacts was negative.

***MEASLES.**—This disease was markedly prevalent during the spring and early summer months. During July and August, the number of notified cases decreased, and from then onwards the epidemic declined with extreme rapidity. The type of measles was of a less severe form than usual, gratifyingly so in the age group where, as a rule, its effects are most felt, i.e., under 5 years. The following statement shows the age distribution of the cases and the deaths :—

Age.	No. of cases.	No. of deaths.	Case mortality.
Under 5 years	1038	6	0.6%
5—15 years	519	1	0.2%
Over 15 years	12	—	—

During the year the facilities offered by the Corporation for the nursing of cases were made use of more fully. 15 cases were treated at the Isolation Hospital, and the District Nurses paid 1,959 visits to 110 cases for home nursing.

***WHOOPING COUGH.**—The number of cases of whooping cough notified during 1936 was the lowest for the last 5 years ; the majority of these cases occurring in the last 5 months of the year.

* Note.—Further details regarding these diseases will be found in that section of the Report dealing with Maternity and Child Welfare, page 53.

The age distribution of the cases and deaths during 1936 was as follows :—

Age.	No. of cases.	No. of deaths.	Case mortality.
Under 5 years	81	3	3.7%
5—15 years	21	—	—
Over 15 years	—	—	—

***PUERPERAL FEVER AND PUERPERAL PYREXIA.**

8 cases of Puerperal Fever and 17 cases of Puerperal Pyrexia were notified during the year, and 5 deaths were reported as due to Puerperal Sepsis.

***OPHTHALMIA NEONATORUM.**—12 cases were notified during the year, and all recovered.

CEREBRO-SPINAL MENINGITIS AND ACUTE POLIOMYELITIS.—Two cases of Cerebro-Spinal Meningitis in children were notified during the year. One of the cases was a transfer from one of the general hospitals in the town to the Isolation Hospital. One case recovered but the other proved fatal. Only one case of Acute Poliomyelitis was notified. This also proved fatal.

ENCEPHALITIS LETHARGICA.—Two cases were notified during the year ; one in a child, the other in an adult. Both cases terminated fatally.

ERYSIPELAS.—During 1936, 92 cases of Erysipelas were notified, and 8 deaths were attributed to this disease.

DYSENTERY.—10 cases of Dysentery were notified during 1936. All these cases occurred amongst inmates of Rainhill Mental Hospital and were of a low type of virulency, corresponding to

* Note.—Further details regarding this disease will be found in that section of the Report dealing with Maternity and Child Welfare, page 53.

similar institutional outbreaks which occur sporadically in this type of hospital.

MALARIA.—No case was notified during the year.

NON-NOTIFIABLE INFECTIOUS DISEASES.—The number of cases of Mumps brought to the notice of the Health Department was 96 in 1936, as against 60 in 1935. The cases occurred mainly in the last three months of the year. The number of cases of Chicken-pox showed a decrease, being 294 in 1936, as compared with 312 for 1935.

The number of deaths registered as occurring from Influenza during 1936 was 31, as against 39 in 1935.

The number of deaths from Diarrhoea, &c., in children under 2 years of age was 10.

BOROUGH ISOLATION HOSPITAL.—Arrangements at this hospital, which has 94 beds, remained as in previous years. The year was a busy one, the number of cases dealt with during 1936 showing a considerable increase over the previous year. In the early months of the year all available accommodation was in full use, but there was a diminution in the number of admissions towards the end of the year.

At the beginning of the year there were 109 patients in hospital. New cases admitted during the year numbered 1,124, making a total number of 1,233 patients dealt with. At the end of the year there were 91 patients remaining. The highest number of patients under treatment at any one time was 152, and the lowest 40.

The details of admissions and discharges are shown in Table 16.

Table 16.

Peasley Cross Isolation Hospital.

Hospital Diagnoses of cases treated during 1936.

DISEASE	In hospital Jan. 1st, 1936	Admitted	Discharged	Died	In hospital Jan. 1st, 1937
Scarlet Fever	74	559	592	3	38
Diphtheria	23	403	364	25	37
Puerperal Fever	1	7	3	4	1
Puerperal Pyrexia	1	10	10	1	—
Venereal Disease	—	—	—	—	—
Measles	5	7	8	3	1
Other Diseases	5	124	110	6	13
Mothers with sick babies	—	1	1	—	—
Babies with sick mothers	—	13	12	—	1
Total	109	1124	1100	42	91

Of the 559 cases of scarlet fever admitted, 21 (3.76 %) were return cases.

AMBULANCE PROVISION.—Two motor ambulances are kept at the Isolation Hospital to convey patients to any of the Corporation Hospitals, and a Morris Van for the conveyance of bedding, etc. During the year the total distance travelled was 19,081 miles.

Though urgent cases are at all times conveyed to the hospital without delay, there is no regular night ambulance service.

DISINFECTION.—Disinfection of premises by means of formalin sprays is carried out by the disinfectors from the Medical Officer's Department, and bedding and articles of clothing, etc., are disinfected by steam or other appropriate method at the Borough Isolation Hospital. During the year the disinfectors dealt with 2,728 premises, and the numbers of articles disinfected at the Isolation Hospital were as follows :—

	Articles.
Blankets, Sheets and Rugs	11,273
Hospital Clothing and Bedding	9,392
Pillows and Cushions	7,205
Mattresses, etc.	3,503
Other Articles of Clothing	9,879
Library Books	307
Other Articles	8,105

There is no municipal cleansing station, but facilities for the cleansing and disinfection of persons and their belongings are afforded at the Borough Isolation Hospital. The steam disinfector is used for the disinfestation of bedding, etc. of families re-housed from slum property. School children are also removed to this Institution for compulsory cleansing when required.

IV.—LABORATORY WORK.

The majority of the routine bacteriological and pathological examinations are carried out by the medical staff at the Borough Laboratory at the Town Hall, but bloods for the Wasserman reaction and specimens of an unusual nature are examined at the City Laboratories, Liverpool. Table 17 shows the numbers of specimens dealt with during 1936.

Table 17.

SPECIMENS.	Number Received	Results	
		Positive	Negative
Swabs for Diphtheria	8880	469	8411
Sputa for Tuberculosis	568	229	339
Hairs for Ringworm	6	—	6
Blood for Wasserman Reaction	217	39	178
Films for Gonococci	228	44	184
Pus and other fluids and discharges for various organisms	70	12	58
Total	9969	793	9176

Outfits for the collection of specimens of sputa, blood specimens, throat swabs, etc., are supplied free of charge.

Specimens requiring chemical analysis are dealt with by the Public Analyst at his laboratories, and during the past year 440 informal samples of milk were subjected to the Gerber Test at the Borough Laboratory. In 51 of the latter samples the test indicated deficiencies.

V.—TUBERCULOSIS.

INCIDENCE.—During 1936, formal notifications under the Regulations were received in respect of 75 cases of pulmonary and 48 cases of non-pulmonary tuberculosis.

A further 8 new cases came to the knowledge of the Department from the following sources :—

	Pulmonary	Non-Pulmonary
Death Returns of cases not previously notified	3	1
Posthumous notifications	—	1
Transfers from other areas	3	—
	—	—
	6	2
	—	—

The reasons for the failure to notify, or for posthumous notification, on investigation were given as difficulty in establishing the diagnosis in 2 of the cases. In 2 further cases the notification was thought to have been made previously, and in the other case the diagnosis was only made on autopsy.

The total number of new cases for the year was, therefore, 131, of which 81 were pulmonary and 50 non-pulmonary. At the end of 1936 there remained on the Tuberculosis Register 470 cases of pulmonary and 333 cases of non-pulmonary tuberculosis. The age grouping of the new cases and of the deaths that occurred during the year is shown in Table 18.

Table 18.
Particulars of new cases and of deaths during 1936.

Ages	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
Under 1 year	—	—	—	—	—	—	—	—
1 to 5 years	—	—	4	4	—	—	1	—
5 to 10 years	—	—	7	5	—	—	—	—
10 to 15 years	1	3	8	6	—	2	—	—
15 to 20 years	1	8	3	1	1	7	1	—
20 to 25 years	6	5	1	1	4	6	1	2
25 to 35 years	11	9	—	2	12	6	1	—
35 to 45 years	12	5	4	1	7	9	1	—
45 to 55 years	4	2	—	—	5	5	—	—
55 to 65 years	5	1	—	—	6	1	—	—
65 —	1	1	—	1	1	—	—	—
Totals	41	34	27	21	36	36	5	2

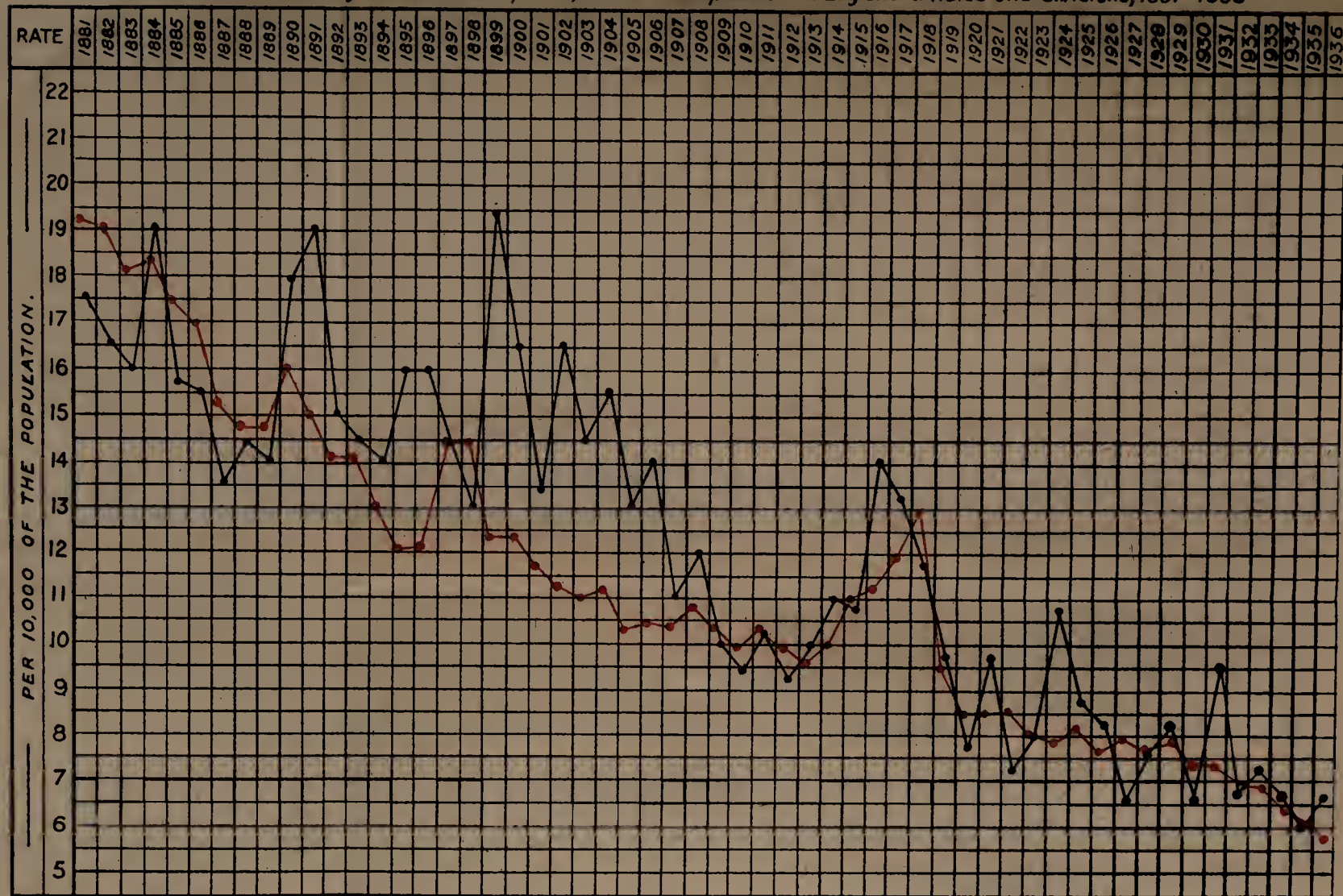
Though the formal notifications do not represent the total number of new cases each year, they form a fairly accurate guide to the incidence of the disease. The gradual fall in incidence since notification commenced in 1912 is seen in Table 19, which also shows the general tendency towards a fall that has occurred in the death rate from tuberculosis.

Table 19.
Number of cases notified and number of deaths each year, 1912 to 1936.

Year	No. of Primary notifications received.		Deaths		Death Rate per 10,000 of population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1912	130	—	91	65	9.27	6.02
1913	253	164	100	90	10.05	9.0
1914	207	116	113	65	11.2	6.45
1915	203	126	99	56	10.7	6.07
1916	189	137	127	41	14.1	4.5
1917	198	62	121	42	13.3	4.64
1918	144	40	107	34	11.8	3.75
1919	150	56	99	31	9.8	3.08
1920	221	65	82	37	7.9	3.53
1921	179	63	102	32	9.7	3.05
1922	167	58	78	39	7.3	3.66
1923	141	45	85	27	8.0	2.52
1924	154	75	118	27	10.8	2.48
1925	141	88	97	25	8.8	2.28
1926	140	68	91	32	8.2	2.92
1927	129	61	74	22	6.5	1.95
1928	139	68	84	21	7.6	1.90
1929	130	50	91	24	8.3	2.2
1930	119	53	73	26	6.7	2.4
1931	110	67	103	17	9.5	1.6
1932	141	48	72	16	6.7	1.5
1933	107	60	79	11	7.3	1.0
1934	94	40	72	23	6.7	2.1
1935	83	31	65	9	6.0	0.8
1936	75	48	72	7	6.7	0.6

Table 20.

Death Rates from Pulmonary Tuberculosis per 10,000 of the Population in England & Wales and St. Helens, 1881-1936



Black: St. Helens.
Red: England and Wales.

Of the 75 cases of pulmonary tuberculosis for which formal notification was received during 1936, 22 died during the year and the average duration of life after notification in these cases was 93.2 days. In 4 cases death occurred within four weeks of notification.

MORTALITY.—During 1936 there were referable to the borough 79 deaths from all forms of tuberculosis, giving a tuberculosis death rate of 7.3 per 10,000 of the population. Of these deaths, 72 were due to pulmonary tuberculosis and 7 to non-pulmonary tuberculosis, giving a pulmonary death rate of 6.7 per 10,000 of the population and a non-pulmonary death rate of 0.6.

There was, therefore, a slight rise in the tuberculosis death rate in 1936 as compared with that of the previous year. This was entirely due to an increase in the pulmonary death rate. Even so, however, apart from the year 1935, the total number of deaths from tuberculosis during 1936 was less than in any previous year.

The increased mortality from pulmonary tuberculosis was almost entirely due to a rise in the rate for females. It is again distressing to note the toll exacted from the young adult population ; almost 60% of the deaths were in the 15 to 35 age groups. On the other hand the continued decrease in the number of new cases notified is encouraging. Though not infallible, this is a fairly good indication that the disease is slowly diminishing amongst the community.

The decrease in the number of deaths from the non-pulmonary forms of the disease is also maintained. Though progressively less fatal, there is a relatively high incidence and there was, during the year, an appreciable increase in the number of new cases notified. The patient who falls into this class, however, though requiring prolonged treatment, usually responds well.

The ages at which the deaths occurred are shown in Table 18 and the number of deaths and the death rate from each form of the disease since 1912 in Table 19. The death rate from pulmonary tuberculosis since 1881 is shown in Table 20, which also shows the corresponding rates for England and Wales.

TUBERCULOSIS DISPENSARY.—During the year under review further expansion in the range of work of the Dispensary—especially in regard to diagnosis—was undertaken, and appreciation of this was reflected in a further increase in the percentage of cases seen by the Tuberculosis Officer prior to notification. This rose from 40.3 in 1935 to 51.5 in 1936. All adult cases now seen at the Dispensary are subjected to X-ray examination. A considerable proportion of children also have skiagrams taken, but of more assistance with them is the intradermal tuberculin test. This, when positive, indicates the presence of tuberculous infection, and in young children is very suggestive of active tuberculosis. A negative result with this test is also of significance, as by it the presence of tuberculosis can almost definitely be excluded.

The test is also of value in the examination of contacts of the disease. The present position with regard to these is rather unsatisfactory. A large number of the children contacts coming up for examination are already under the supervision of the School Medical and Maternity and Child Welfare services which are fully cognisant of the situation, and refer suspected cases to the Dispensary. There is, however, far greater difficulty in inducing the adolescent and young adult contact to submit to examination. This is the type which is most susceptible to the disease, and it is in dealing with them that the aid of the family practitioner can best be enlisted. A record is now being kept of all such cases considered to be suspicious and periodic examination is carried out when possible.

During the year lipiodol injection into the bronchial tree was carried out in five cases for diagnostic purposes. In all cases the crico-thyroid route was followed, as this has been found by experience to be most certain of achieving a satisfactory result and ultimately to cause the patient the least discomfort. A general anaesthetic was used in one case—a child aged four years suffering from atelectatic bronchiectasis.

At the Tuberculosis Clinic, five sessions, including two evening ones, are held weekly for ordinary cases. A further special session is also held weekly for radiography and X-ray therapy alternately. The practice of inviting patients to attend by appointment is main-

tained and works very satisfactorily. Home visiting is carried out as routine by the Health Visitors and the Tuberculosis Nurse, and by the Tuberculosis Officer if required.

A record of the work in connection with the Dispensary during the last five years is shown in Table 21(a).

During 1936, 222 new cases and 87 contacts were added to the Dispensary Register, and 2 cases were transferred from other areas ; 37 cases were discharged from the Register as recovered ; 199 were written off as non-tuberculous ; 61 died ; and 13 were lost sight of or transferred to other areas. This left at the end of the year a total of 668 persons on the Register. Table 21(b) shows the condition at the end of 1936 of all patients on the Dispensary Register.

Of the 222 cases examined for the first time during 1936, 92 were referred by medical practitioners, 51 were referred by the medical officers of the maternity and child welfare or school medical services, 22 sought the services of the clinic spontaneously and 57 were notified prior to their initial attendance. The percentage of actual cases of tuberculosis seen by the Tuberculosis Officer before notification, was 51.5%, as compared with 40.3% in 1935.

During 1936, home disinfection of premises and bedding was carried out in 647 instances, an increase of 65 compared with the previous year.

Unfortunately, the Dispensary still lacks an after-care service. Until this is provided its organization must remain incomplete.

There are no special arrangements under the Tuberculosis Scheme for the provision of home nursing in St. Helens, but many of the cases are dealt with by the St. Helens and District Nursing Association, to whom the Committee make a grant. Shelters for the use of patients at home are not provided in St. Helens.

No case came to notice in which action was required under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (control of tuberculous persons employed in the milk trade), nor was it necessary to obtain compulsory removal to hospital of any patients under Section 62 of the Public Health Act, 1925.

TABLE 21(a).

Record of work at or in connection with the Tuberculosis Dispensary during the years 1932—1936.

	1932	1933	1934	1935	1936
1. New cases examined for the first time	266	241	240	221	222
2. New contacts examined for the first time	86	130	133	135	87
3. Cases transferred from other areas or returned after discharge from the Register	4	3	25	6	2
Total	356	374	398	362	311
4. New cases and contacts diagnosed to be tuberculous :					
Pulmonary—Adults	83	67	69	68	59
" Children	29	15	5	5	4
Non-pulmonary—Adults	9	9	14	5	12
" Children	32	24	16	23	28
Total	153	115	104	101	103
5. Contacts diagnosed to be tuberculous (<i>included in item 4</i>)	6	5	2	2	1
6. Removed from Dispensary Register as :—					
Non-tuberculous	192	254	277	261	199
Recovered	12	90	61	45	37
Dead (all causes)	69	73	64	62	61
Transferred to other areas or lost sight of	30	30	45	18	13
Total	303	447	447	386	310
7. "Recovered" cases restored to Register (<i>included in items 1 and 4</i>)	—	1	—	1	—
8. Cases on Dispensary Register on 31st December :—					
Diagnosis completed :					
Pulmonary—Adults	281	264	278	271	261
" Children	175	171	155	145	137
Non-Pulmonary—Adults	66	55	58	53	53
" Children	260	230	189	180	187
Diagnosis not completed :					
Adults	14	9	6	11	9
Children	17	11	5	7	21
Total	813	740	691	667	668
9. Pulmonary cases on Register on 31st December which were T.B. +	110	120	130	130	132
10. Consultations with medical practitioners (personal and other)	201	110	146	128	128
11. Sputum examinations	150	256	260	170	94
12. X-ray examinations	—	133	364	378	513
13. Home visits by Tuberculosis Officer	160	113	126	74	115
14. Home visits by Nurses or Health Visitors	1581	1578	1903	2043	2096
15. Attendances at Dispensary	2644	2928	2781	2358	1723

Table 21(b).

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register.

The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926				1926				1927				1928				1929				1930				1931				1932				1933				1934				1935				1936																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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			Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. minus	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Class T. B. Minus	Group 1	Group 2	Group 3	Total (Class T. B. Plus)	Class T. B. Minus	Group 1	Group 2	Group 3	Total (Class T. B. Plus)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	Adults	M.	5	1	1	1	3	2	—	—	—	—	1	1	—	—	1	2	—	—	—	—	1	—	—	—	—	5	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register.

[illegible]

DENTAL TREATMENT.—In-patients at Eccleston Hall Sanatorium are examined regularly by the dental surgeon, and minor treatments such as extractions, fillings, etc., are carried out and in special cases dentures are supplied. There is no special scheme for dealing with patients attending the Dispensary, but urgent cases are from time to time referred to the dental surgeon for treatment.

During the year 80 patients were treated at Eccleston Hall Sanatorium, and treatment was provided for 11 dispensary cases.

INSTITUTIONAL TREATMENT.—Institutional treatment for cases of tuberculosis in St. Helens is provided as follows :—

(a)—Eccleston Hall Sanatorium :—maintained by the St. Helens Corporation. This institution contains 70 beds with accommodation for approximately 32 men, 18 women, and 20 children.

During the year 134 patients were admitted, 91 were discharged, and 34 died. The average length of stay of the patients who were discharged was 176 days, and of those who died, 132 days. Of the 34 who died, 16 had been in the Sanatorium for less than 8 weeks.

In addition to the first principles of sanatorium treatment, namely prolonged rest, a generous well balanced dietary, adequate ventilation, etc., active measures of treatment were carried out in all suitable cases. Induction of artificial pneumothorax was performed in 8 cases and unsuccessfully attempted in one. Refills totalled 304 in 17 patients undergoing treatment. These figures include a number of out-patients, as continuation treatment is given at the Sanatorium to patients after discharge. A course of injection of gold salts was given to 6 patients, 4 of whom were simultaneously undergoing collapse therapy. Arrangements were also completed for the operation of phrenic evulsions to be carried out at the Providence Hospital when necessary, and the operation was performed on one patient towards the end of the year.

During the year 256 blood sedimentation tests were carried out. The method employed is Cutler's, and the results, recorded graphically, form a useful index of the response to treatment.

The Sanatorium's school provides education for child inmates able to attend, and bedside tuition is given to those medically fit to benefit therefrom. The 42 children in the Sanatorium during the year attended the school for an average of 93 days each. The average daily attendance at the school was 16.

A great addition to the amenities of the Sanatorium was made with the installation of wireless rediffusion throughout the wards and administrative block. This has been exceedingly popular with the patients and has proved a source of great satisfaction.

A further desirable addition was foreshadowed at the end of the year when plans were passed and work started on a shelter for the accommodation of visitors at the entrance to the Sanatorium grounds.

(b)—Four beds are reserved at the Liverpool Sanatorium, Delamere, for early pulmonary cases.

(c)—Seven beds are reserved at the Leasowe Open-Air Hospital for Children, for non-pulmonary cases.

(d)—Occasional beds are taken as and when required for special cases at various institutions.

In addition to the above, 60 beds are available and used as required for pulmonary or non-pulmonary poor law cases at the Whiston Infirmary, Prescott.

Table 22 shows the immediate results of treatment of patients discharged from residential institutions during the year, and Table 23 shows the extent of institutional treatment provided.

Table 22.

Return showing the immediate results of treatment of definitely tuberculous patients and of observation of doubtful cases discharged from approved Residential Institutions during the year 1936.

Classification on admission to the Institution		Condition at time of discharge	Duration of Residential Treatment in the Institution.															Grand Totals
			Under 3 months			3—6 months			6—12 months			More than 12 months			Totals			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis	Class T.B. minus.	Quiescent	1	—	—	4	—	1	3	1	2	—	—	1	8	1	4	13
		Not Quiescent	1	1	1	—	—	—	—	—	—	—	—	—	1	1	1	3
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 1	Quiescent	—	—	—	1	—	—	1	—	—	—	—	—	2	—	—	2
		Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 2	Quiescent	—	—	—	1	1	—	1	1	—	—	—	—	2	2	—	4
		Not Quiescent	1	1	—	2	2	—	2	2	—	—	—	—	5	5	—	10
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 3	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not Quiescent	2	1	1	5	2	—	1	2	—	4	—	—	12	5	1	18
		Died in Institution ...	4	3	—	5	2	1	1	—	—	—	1	—	10	6	1	17
Non-Pulmonary Tuberculosis	Bones and Joints	Quiescent	—	—	—	1	—	—	—	—	—	1	—	4	2	—	4	6
		Not Quiescent	1	—	—	—	—	—	—	1	2	—	—	—	1	1	2	4
		Died in Institution ...	1	—	—	—	—	—	—	—	—	—	1	—	1	1	—	2
	Abdominal	Quiescent	—	—	—	—	—	—	—	—	2	—	—	1	—	—	3	3
		Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not Quiescent	—	—	1	—	—	1	—	—	—	—	—	—	—	—	2	2
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands	Quiescent	—	—	—	—	—	1	—	—	1	—	—	—	—	—	2	2
		Not Quiescent	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	2
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Diagnosis on discharge from observation.						For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals									
						Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks												
						M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.							
Tuberculous	—	—	—	—	—	1	—	—	—	—	—	1	—	—	2							
Non-tuberculous	—	1	—	1	2	6	—	—	—	—	—	3	1	3	9							
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
TOTALS						—	1	—	—	1	2	7	—	—	—	—	—	4	1	3	11

NOTE—PULMONARY TUBERCULOSIS : Patients suffering from this disease are now divided into two classes, viz : *Class T.B. minus*, which comprises those patients in whose sputum tubercle bacilli have never been found : *Class T.B. plus* which comprises those cases in which tubercle bacilli have at any time been found.

Class T.B. plus is further sub-divided into three groups. *Group 1* comprises early cases who will probably have their disease arrested by a period of Sanatorium treatment. *Group 3* includes advanced cases and cases with grave complications, e.g., diabetes and tuberculosis of larynx or intestine. *Group 2* includes all cases of *Class T.B. plus* who cannot be placed in groups 1 and 3.

TABLE 23.

Institutional Treatment during the year 1936.
(a)—in Non-Poor Law Institutions.

		In Institutions on Jan. 1	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on Dec. 31
Number of doubt- fully tuberculous cases admitted for observation	Adult Males	—	1	—	1	—
	Adult Females	—	3	3	—	—
	Children	2	15	11	—	6
	Total	2	19	14	1	6
Number of patients suffering from pul- monary tuberculosis	Adult Males	26	49	36	14	25
	Adult Females	16	25	15	9	17
	Children	4	7	6	1	4
	Total	46	81	57	24	46
Number of patients suffering from non-pulmonary tuberculosis	Adult Males	3	6	3	1	5
	Adult Females	1	2	1	1	1
	Children	17	18	17	—	18
	Total	21	26	21	2	24
Grand Total		69	126	92	27	76

(b)—in Poor Law Institutions.

		In Institutions on Jan. 1	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on Dec. 31
Number of pat- ients suffering from pulmonary tuberculosis admitted for treatment	Adult Males	5	8	7	2	4
	Adult Females	2	3	2	3	—
	Children	—	—	—	—	—
	Total	7	11	9	5	4
Number of pat- ients suffering from non-pulmon- ary tuberculosis admitted for treatment	Adult Males	3	2	2	1	2
	Adult Females	—	—	—	—	—
	Children	—	1	1	—	—
	Total	3	3	3	1	2
Grand Total		10	14	12	6	6

VI.—VENEREAL DISEASES.

The arrangements for treatment and for the bacteriological examination of specimens remained as in previous years.

An analysis of the work carried out at or in connection with the Venereal Diseases Centre is shown in Table 24, and Table 25 shows the number of new cases each year since 1923.

From Table 25 it will be seen that there was a decrease during 1936 in the number of female cases of syphilis coming under treatment for the first time, but that the corresponding figure for male cases stands at a comparatively high level. This is, however, no indication that syphilis *per se* is on the increase among males. Indeed, of the 14 new cases reporting during 1936, 7 were directly traced to the same source of infection. Efforts were made to bring the infecting individual under treatment under the female section of the V.D. Department but proved only partially successful.

There was a marked decrease in the number of new cases of gonorrhoeal infection amongst both males and females, and there were, fortunately, no cases of a complicated nature requiring special treatment.

Reviewing the work of the clinic as a whole, the result as shown in cured and treated cases is a gratifying testimony to work which is carried out under the difficulty imposed by totally inadequate premises. Facilities do not exist for the provision of special investigations which may sometimes be necessary in complicated cases, e.g., urethroscopy. The need for a new and up-to-date Venereal Diseases Centre, as projected in the scheme for a new Health Centre which is now under consideration, is a very pressing problem.

Record of work carried out at or in connection with the
Venereal Diseases Centre during 1936.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
Number of cases on 1st January under treatment and observation	12	28	—	—	15	27	—	2	27	57	84
Number of cases removed from the register during any previous year which returned during the year under report for treatment and observation of the same infection	—	2	—	—	2	—	—	—	2	2	4
Number of cases dealt with for the first time during the year under report (ex- clusive of cases under Item 4)	14	4	—	—	33	15	23	25	70	44	114
Number of cases dealt with for the first time during the year under report known to have received treatment at other centres for the same in- fection	1	—	—	—	1	—	—	—	2	—	2
Totals of Items 1, 2, 3 and 4.....	27	34	—	—	51	42	23	27	101	103	204
Number of cases dis- charged after completion of treatment and final tests of cure (see Item 15)	1	4	—	—	16	5	23	25	40	34	74
Number of cases which ceased to attend before completion of treatment.	1	5	—	—	6	12	—	—	7	17	24
Number of cases which ceased to attend after com- pletion of treatment but before final tests of cure	—	—	—	—	7	—	—	—	7	—	7
Number of cases trans- ferred to other centres or to institutions, or to care of private practitioners	2	5	—	—	4	—	—	—	6	5	11
Number of cases remain- ing under treatment or observation on 31st Dec- ember	23	20	—	—	18	25	—	2	41	47	88
Totals of Items 5, 6, 7, 8 and	27	34	—	—	51	42	23	27	101	103	204
Number of cases of sy- philis included in Item 6 which failed to complete one course of treatment	1	2	—	—	—	—	—	—	1	2	3
Number of attendances— (a) for individual atten- tion of the medical officers	329	246	—	—	524	140	45	60	898	446	1344
(b) for intermediate treatment, e.g., irri- gation, dressing	100	—	—	—	3218	1357	44	10	3362	1367	4729
TOTAL ATTENDANCES	429	246	—	—	3742	1497	89	70	4260	1813	6073

Table 24—continued.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T
12. In-patients :—											
(a) Total number of persons admitted for treatment during the year	—	1	—	—	—	—	—	—	—	1	
(b) Aggregate number of “in-patient days” of treatment given	—	28	—	—	—	—	—	—	—	28	2
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	1	—	—	—	1	—	—	—	2	—	

TABLE 25.

Number of Cases of Venereal Diseases dealt with for the first time during the years 1923 to 1936.

Year	SYPHILIS		SOFT CHANCRE		GONORRHOEA	
	Males	Females	Males	Females	Males	Females
1923	18	11	—	—	34	2
1924	19	15	—	—	30	9
1925	14	29	1	—	26	4
1926	36	40	2	—	33	9
1927	32	39	4	—	42	14
1928	44	26	3	—	62	11
1929	22	25	2	—	55	14
1930	16	32	1	—	40	14
1931	6	13	—	—	22	16
1932	3	11	—	—	24	21
1933	7	11	—	—	32	18
1934	6	6	2	—	42	19
1935	11	10	—	—	43	21
1936	14	4	—	—	33	15

**VII.—SUMMARY (for reference) of Nursing Arrangements,
Hospitals, and other Institutions available
for the district.**

HOME NURSING.—The St. Helens and District Nursing Association, supported by voluntary contributions, maintain a superintendent, two assistant superintendents, and twenty nurses to attend non-infectious cases in their own homes. 3,354 cases were nursed during the year, the total number of visits amounting to 135,457.

Arrangements are in operation for the Association to undertake for the Corporation the home nursing of cases of puerperal fever and puerperal pyrexia, and of certain infectious diseases in children under 5 years of age.

MIDWIVES.—No district midwives were employed or subsidised by the public health authority during 1936. In exceptional cases, however, where the patient was unable to do so by reason of poverty, the Council paid the midwife's fee.

CLINICS AND TREATMENT CENTRES.—The following clinics and treatment centres are provided by the Corporation :

(1).—**Child Welfare Clinics.**—For children under 5 years of age.

- (a) Town Hall CentreOpen Monday and Thursday, 2 to 4 p.m. For North and South Windle, Hardshaw and Blackbrook districts.
- (b) Albion Street CentreOpen Tuesday and Friday, 2 to 4 p.m. For Eccleston, Newtown, Dentons Green, Cowley Hill and Central districts.
- (c) Elizabeth Street Centre Open Tuesday, 2 to 4 p.m. For Sutton district.
- (d) Gartons Lane CentreOpen Wednesday, 3 to 4 p.m. For Marshalls Cross, Sutton Manor and Clock Face districts.

- (e) West Street CentreOpen Thursday, 2 to 4 p.m. For Thatto Heath district.
- (f) Nunn Street CentreOpen Wednesday, 2 to 4 p.m. For Derbyshire Hill and Parr districts.

(2).—Ante-natal Clinics.—For ante-natal cases only.

- (a) Town Hall CentreTuesday and Friday, 2 to 4 p.m.
- (b) Elizabeth Street Centre Thursday, 10 to 11 a.m.
- (c) Gartons Lane Centre.....Wednesday, 2 to 3 p.m.
- (d) West Street CentreMonday, 2 to 4 p.m.
- (e) Nunn Street CentreWednesday, 10 to 11 a.m.

(3).—Gynaecological and Post-natal Clinic.—For diseases or disablements associated with child-bearing.

Town Hall Centre.....Tuesday, 11 to 12 noon.

(4).—Test-feeding Clinic.—For nursing mothers.

Albion Street Centre—Tuesday and Thursday, 9 to 12 noon.

5).—Sunlight Clinic.—For weakly and rachitic children.

Town Hall Centre—Tuesday and Friday, 9 to 10-30 a.m.

(6).—School Clinic, Claughton Street.—For treatment of minor ailments, throat and nose defects, eyes, and dental defects and the X-ray treatment of ringworm. Minor ailments and dental defects are treated daily from 9 a.m. to 5 p.m. (Saturdays 9 a.m. to 12 noon) and other defects on special days. The Dental Department is at Old Bank House. A scale of income has been drawn up for recovery of cost of treatment in non-necessitous cases.

District Clinics for the treatment of minor ailments are also open for a few hours daily at Derbyshire Hill, Sutton, Sutton Manor, Thatto Heath and Albion Street. After school dental inspection, Dental Clinics are held at Sutton, Sutton Manor and Thatto Heath for varying periods.

(7).—Tuberculosis Dispensary, Claughton Street.—Open Monday from 3-30 to 5 p.m. (X-ray) and from 5-30 to 7 p.m., Wednesday from 10 to 11-30 a.m., Thursday from 3 to

4-30 p.m., and Friday from 10 to 11-30 a.m., and from 5-30 to 7 p.m. X-ray is available at all sessions, but Monday (3-30 to 5 p.m.) is reserved solely for X-ray work.

(8).—**Venereal Diseases Centre, Claughton Street.**—Open for males on Monday, 5-30 to 7 p.m., and for females, Wednesday, 5-30 to 7 p.m. The centre is also open daily from 9 a.m. to 5 p.m. on Monday to Friday, and to 12 noon on Saturday, for irrigation, advice and prophylactic treatment.

(9).—**Orthopaedic Clinic.**—At the Maternity and Child Welfare Centre, Albion Street. Orthopaedic Surgeon attends on 2nd and 4th Wednesdays of each month, from 2 p.m. to 4 p.m. Intermediate treatments are given by the orthopaedic nurse daily at Albion Street Clinic, and once weekly at the Elizabeth Street, Gartons Lane, West Street and Nunn Street Maternity and Child Welfare Centres.

(10).—**Immunisation Clinic.**—For immunising children against Diphtheria. Tuesday and Wednesday at 2 p.m. at the School Clinic, Claughton Street.

(11).—**Aural Clinic.**—The Ear, Nose and Throat Surgeon attends fortnightly—Thursday, 11-0 a.m. to 12-0 noon. Intermediate treatments are given by the Nurse in charge of the Aural Clinic, daily, from 1-15 p.m. to 5-30 p.m. at Claughton Street Clinic.

(12).—**Speech Defect Class.**—Held at the Windle Pilkington Infants' School. Sessions are held each Tuesday and Wednesday from 9-15 a.m. to 11-45 a.m., and each Friday from 9-15 a.m. to 11-45 a.m. and 1-30 p.m. to 4-0 p.m.

HOSPITALS.—

Provided by the Council :—

(1)—Borough Isolation Hospital, Peasley Cross. For Infectious Diseases (other than smallpox). Beds : 94. Resident staff : matron and 23-25 nursing staff. Admissions and discharges are under the control of the Medical Officer of Health, but

patients are treated by their own medical practitioners. The Corporation provide specialist services in necessitous cases when required.

(2)—Eccleston Hall Sanatorium. For Pulmonary and convalescent or non-active Non-Pulmonary Tuberculosis. Total Beds : 70. Resident Staff : one medical officer, sister-in-charge and 15 nursing staff. Non-resident female teacher. Orthopaedic Surgeon visits periodically. Cases are also admitted from the Lancashire County Council area.

(3)—The St. Helens Maternity and Child Welfare Hospital, Cowley Hill. For maternity cases and for ailing and debilitated children. Beds : maternity, 20 ; ailing and debilitated children, 32. Resident staff : medical officer, matron, and 18 nursing staff.

Subsidised by Council :—

(1)—Sankey Smallpox Hospital for cases of smallpox. St. Helens pays an annual retaining fee to the Warrington Corporation and the costs of treatment of any patient admitted from St. Helens.

(2)—Whiston Infirmary, Prescott. Transferred from the Prescott Board of Guardians to the Lancashire County Council under the Local Government Act, 1929.—Total Beds available approximately 500.

There are two resident medical officers and one non-resident. The visiting consultant staff comprises an ophthalmic surgeon, a dentist, an anaesthetist, an obstetrician and a general surgeon, and the medical superintendent has authority to call in any other specialist or consultant assistance if he wishes. The pathological work is carried out at the County Mental Hospital, Rainhill. The infirmary is used almost entirely for the reception of Poor Law cases, though a small percentage of private cases is admitted. By an arrangement with the Lancashire County Council, all Poor Law cases from St. Helens are admitted to this Institution.

(3)—An average of 8 beds is also retained at the Leasowe Open-Air

Hospital for Children and 4 at Delamere Sanatorium, and in-patients are sent to other hospitals or institutions as required.

Other Hospitals.—*The St. Helens Hospital.*—Supported partly by subscribers and partly by contributions. For all medical and surgical non-infectious cases. Also 17 beds for maternity cases. Total accommodation about 164 beds. Out-patient department for Ophthalmic, Ear, Throat and Nose, Gynaecological cases, and Massage and Sunlight cases.

The Providence Free Hospital.—Accommodation for about 130 patients (general medical and surgical cases).

Ambulance facilities.—For infectious cases, two ambulances are maintained by the Corporation at the Peasley Cross Isolation Hospital. Both general hospitals maintain ambulances and these are used as required. The Police also maintain an ambulance for street accident cases.

VIII.—MATERNITY AND CHILD WELFARE.

NOTIFICATION OF BIRTHS.—Under the Notification of Births Acts, 2,079 live births and 84 still-births were notified during the year. For these, 1,980 notifications were received from midwives and 183 from doctors. The total number of live births belonging to St. Helens for the year was 1,980 as compared with 2,026 in 1935, and the birth rate for the year was 18.3 per 1,000 of the population as compared with 18.7 per 1,000 during 1935.

INFANT MORTALITY.—During 1936, 1,980 births were registered for St. Helens, and the deaths of 111 infants under one year of age occurred, giving an infant mortality rate of 56.1 per 1,000 births as compared with 94.3 for the previous year. Of the 111 deaths under one year, 110 were legitimate children and 1 an illegitimate child, giving a legitimate infant mortality rate of 56.5 per 1,000 legitimate births and an illegitimate infant mortality rate of 29.4 per 1,000 illegitimate births. The infant mortality rate for England and Wales was 59 per 1,000 births, and for the 122 County Boroughs and Great Towns 63 per 1,000 births.

The principal causes of the deaths in 1936 were as follows :—

Congenital debility, malformations and premature birth.....	59
Pneumonia	17
Bronchitis and other respiratory diseases	6
Whooping Cough and Measles	3
Diarrhoea, etc.	9
Other Digestive Diseases	—
Tuberculosis	—
Influenza.....	1
Other defined diseases	16
	<hr/> 111 <hr/>

The following statement reviews the infant death rates per 1,000 births under the principal causes in the years 1931 to 1936.

Infant Mortality per 1,000 Births.						
	1931	1932	1933	1934	1935	1936
Congenital Debility, malformation and premature birth	41.32	42.59	47.44	40.19	46.90	29.80
Pneumonia, Bronchitis and other respiratory diseases	19.74	25.00	33.01	10.17	22.22	11.62
Measles and Whooping Cough	3.21	—	8.77	1.45	5.92	1.52
Diarrhoea, etc.	3.67	7.41	5.67	2.91	7.40	4.55
All other Diseases	20.21	14.35	20.63	10.65	11.85	8.59

The ages at which these deaths occurred during the past five years are shown in the following statement :—

Infant Mortality per 1,000 Births.					
	1932	1933	1934	1935	1936
Deaths under 1 day old	14.83	14.44	13.56	15.30	11.11
Deaths 1 to 7 days old	14.83	15.47	10.65	15.30	11.11
Deaths 1 to 4 weeks old	9.72	15.47	11.62	14.81	8.59
Total mortality under 1 month old, <i>i.e.</i> , neo-natal deaths	39.38	45.38	35.83	45.41	30.81
Deaths 4 weeks to 3 months old	19.91	19.03	7.26	13.82	5.05
Deaths 3 to 6 months old	10.65	18.57	8.71	15.80	7.58
Deaths 6 to 12 months old	19.44	32.49	13.56	19.24	12.63

The Infant Mortality Rate (56.1 per thousand births) in St. Helens during 1936 is the lowest yet recorded for the town and shows a considerable decrease from the rate for the previous year (94.3 per thousand). The reduction was apparent in deaths from all diseases but was most marked in the number of deaths from respiratory diseases, measles and whooping cough, and congenital defects. The decrease occurred in all the age periods, and it is satisfactory to note that the neo-natal deaths, i.e. deaths under one month, have fallen to 30.81 per thousand births. This suggests that the steady and persistent advance of ante-natal supervision is having effect. Apart from gross malformations which may be present at birth, conditions causing the death of a child within one month of birth are almost invariably associated with abnormal conditions in the mother during the latter part of pregnancy. If these maternal conditions are diagnosed and treated in the pre-natal stage their harmful effects on the new-born child may be lessened and in some cases eliminated.

The low infant mortality rate is also a reasonably accurate indication of the increased interest taken by mothers in child welfare and a consequent willingness to avail themselves of the advice and education offered on the subject by the health services of the town.

STILL-BIRTHS.—The number of still-births registered in St. Helens during the year was 85. Of these, 4 belonged to other districts and 1 which occurred in another district belonged to St. Helens, so that the total number belonging to St. Helens was 82. All the still-births occurring in the borough were notified under the Notification of Births Acts.

The following statement shows the number of still-births for St. Helens since 1928 compared with the number of live births, and expressed as a percentage of the total live and still births.

Year	No. of Live Births.	No. of Still Births.	Total Births.	No. of Still Births expressed as a percentage of the Total Births.
1928	2405	105	2510	4.2
1929	2259	107	2366	4.5
1930	2343	108	2451	4.4
1931	2178	103	2281	4.5
1932	2160	104	2264	4.6
1933	1939	121	2060	5.9
1934	2065	116	2181	5.3
1935	2026	106	2132	4.9
1936	1980	82	2062	4.0

Special enquiries are made into all still-births that occur, and from such enquiries into the 84 cases notified in St. Helens during 1936, the cause of still-birth in these cases would appear to be as follows, viz. :—

CONDITION IN MOTHER.		CONDITION IN CHILD.	
Renal Disease	19	Breech delivery	13
Placenta Praevia	8	Prematurity	11
Accidental Haemorrhage	5	Hydrocephaly.....	3
Difficult labour	9	Anencephaly	3
Toxaemia of Pregnancy	3	Twin delivery	2
Cause not known	5	Prolapsed Cord	1
Syphilis	1	Meningocele	1
	—		—
	50		34
	—		—

MATERNAL DEATHS.—During 1936, 10 deaths (5 from puerperal sepsis and 5 from other puerperal causes) were registered as resulting from diseases or accidents of pregnancy. The maternal mortality for the year was, therefore, 4.84 per 1,000 live and still births. Table 26 shows the maternal mortality since 1911.

TABLE 26.
Maternal Mortality.

Year	No. of Live Births.	No. of women registered as dying from diseases and accidents of pregnancy and child birth.	Maternal Mortality per 1,000 live births.	Maternal Mortality per 1,000 live and still births.
1911	3247	10	3.08	—
1912	3137	6	1.91	—
1913	3199	9	2.81	—
1914	3357	17	5.06	—
1915	2966	16	5.39	—
1916	2599	9	3.46	—
1917	2217	10	4.51	—
1918	2435	13	5.34	—
1919	2687	18	6.7	—
1920	3334	17	5.1	—
Average for years 1911/1920	—	—	4.3	—
1921	3059	15	4.9	—
1922	2813	11	3.91	—
1923	2615	3	1.14	—
1924	2628	17	6.47	—
1925	2630	14	5.32	—
1926	2561	11	4.29	—
1927	2359	8	3.39	—
1928	2405	11	4.57	—
1929	2259	13	5.75	—
1930	2343	12	5.12	—
Average for years 1921/1930	—	—	4.5	—
1931	2178	7	3.21	3.07
1932	2160	9	4.17	3.97
1933	1939	11	5.67	5.34
1934	2065	11	5.33	5.04
1935	2026	5	2.47	2.35
1936	1980	10	5.05	4.84
Average for years 1931/1936	—	—	4.29	4.08

As a result of the special investigations made into all maternal deaths, two further deaths were discovered, one due to Splenic Anaemia and one to Rheumatic Heart Disease. Both of these diseases are fatal in themselves, but the fact that the patients were also pregnant no doubt had a hastening effect on the fatal termination. These two deaths bring the total number of maternal deaths in St. Helens during 1936 to 12 and increase the maternal mortality rate to 5.8 per 1,000 live and still births. The corresponding rate for 1935 was 5.16.

The true cause of the maternal deaths in St. Helens may be classified as :—

Puerperal Sepsis	5
Pulmonary Embolism	2
Placenta Praevia	1
Acute Nephritis	1
Pneumonia	1
Rheumatic Heart Disease	1
Splenic Anaemia	1
	—
	12
	—

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN.

Puerperal Fever and Puerperal Pyrexia.—8 cases of puerperal fever and 17 cases of puerperal pyrexia were notified, and 5 deaths were registered as occurring from puerperal sepsis.

The subsequent diagnoses of the 25 cases notified were as follows :—

Puerperal Septicaemia	9
Localised Pelvic Infection	5
Acute Mastitis	6
Pyelitis	2
Acute Rheumatism	1
Pneumonia	1
Constipation	1
	—
	25
	—

Of the 9 cases of generalised septicaemia, 3 followed normal delivery (2 in hospital and 1 at home), 2 developed after instrumental delivery (1 in hospital and 1 at home), 2 followed abortion, 1 occurred due to retention of membrane, and 1 followed a badly lacerated perineum. All these cases were treated in hospital and 6 died (1 patient was not a resident of St. Helens and that death has been transferred to the appropriate Authority.)

Of the 5 cases of localised pelvic infection, 2 followed spontaneous delivery with retention of membrane, 1 occurred after internal version had been performed for transverse presentation, 1 followed abortion and 1 manual removal of placenta. All these cases recovered.

For cases of Puerperal Fever or Puerperal Pyrexia beds are available at the Borough Isolation Hospital and, by arrangement with the District Nursing Association, home nursing can be supplied on request.

Of the cases notified, 17 were treated at the Isolation Hospital, and 6 at the St. Helens Hospital.

The services of the Consultant Obstetrician are available for these cases and his advice was sought on three occasions.

Ophthalmia Neonatorum.—12 cases were notified during the year. These were treated at home under the Council's arrangements with the District Nursing Association. All recovered with vision unimpaired.

Pemphigus.—An outbreak involving six cases of pemphigus neonatorum occurred in a midwife's practice in May. 4 of the cases were nursed at home by the District Nursing Association and 2 were transferred to Peasley Cross Isolation Hospital. Unfortunately 2 babies died. The midwife was suspended from duty and her house, clothing and instruments were disinfected, after which no further cases occurred.

Other Infectious Diseases.—Table 27 shows the number of cases of infectious diseases which occurred in children under 5 years of age and the deaths resulting therefrom.

Table 27.
Infectious diseases at ages 0-1 and 1-5 years.

	Under 1 year		1—5 years	
	Cases	Deaths	Cases	Deaths
Scarlet Fever	2	—	173	2
Diphtheria	4	—	88	6
Measles	120	1	918	5
Whooping Cough	16	2	65	1
Pneumonia	12	17	78	22
Ophthalmia Neonatorum	12	—	—	—
Erysipelas	—	—	4	1
Acute Poliomyelitis	—	—	—	—
Cerebro-Spinal Fever	—	—	2	1

Home Nursing and Hospital arrangements.—By arrangement with the St. Helens and District Nursing Association, home nursing of cases of whooping cough, measles, ophthalmia neonatorum and pneumonia in children under 5 years of age, and of puerperal fever and puerperal pyrexia cases, can be carried out by the district nurses. Beds are available at the Isolation Hospital for cases requiring hospital treatment. During the year the services of the district nurses were asked for in 61 cases of measles, 12 cases of ophthalmia neonatorum, 6 cases of pemphigus and 11 maternity cases ; 6 cases of measles, 1 case of whooping cough and 17 cases of puerperal fever or puerperal pyrexia were admitted to the Isolation Hospital.

INSPECTION AND SUPERVISION OF MIDWIVES.—

There were 36 midwives on the register as practising in the borough during the year and the qualifications of these midwives were as follows :—

Holding the Certificate of the Central Midwives' Board	35
Having other recognised certificates	1

In addition to the above, 9 midwives are employed at the Council's Maternity and Child Welfare Hospital and 5 midwives are employed in the Maternity Block of the St. Helens Hospital. The matrons of both these institutions are also qualified midwives.

Inspections of midwives were carried out on 55 occasions by medical officers, and the Inspector of Midwives paid 123 routine and 23 special visits for purposes of inspection and supervision. In 10 instances it was considered necessary to suspend a midwife from practice for 24 hours after contact with an infectious case, to allow of the disinfection of herself and her appliances.

During the year the private midwives attended 1,181 cases as midwives and were in attendance on 237 cases as maternity nurses.

In their capacity as midwives they found it necessary to call medical practitioners to their assistance on 416 occasions. The reasons for sending and the number of occasions in which medical assistance was required were as follows :—

Number of cases attended by private midwives 1,181

Number and percentage in which medical assistance was obtained	416	(35.2 %)
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Reasons for medical assistance :—

(a) For abortions and premature labours	33	(2.8 %)
(b) For ante-natal illnesses	39	(3.3 %)
(c) For difficult labour	153	(13.0 %)
(d) For suturing the perineum, expelling the placenta, excessive haemorrhage, etc.	108	(9.1 %)
(e) For post-natal illnesses	29	(2.4 %)
(f) For the child	54	(4.6 %)

During the financial year 1936-37 £614/10/0d. was paid to medical practitioners for these services, and £250/7/1d. was re-charged to the patients.

PROVISION OF MIDWIVES.—Though no district midwives were directly employed or subsidised by the public health authority during 1936, the whole or part of the fee of the midwife in attendance was paid in exceptional cases where the patient was unable to pay by reason of poverty. Payments were made in 49 instances and the amount expended was £44/17/6d.

HEALTH VISITING.—The following statement shows the visits paid by health visitors during the year.

To expectant mothers :—

(a) First visits	639
(b) Subsequent visits	656

To infants under one year :—

(a) First visits	2,035
(b) Subsequent visits	7,858

To children, aged one to five years

16,901

Total Visits	28,089
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MATERNITY AND NURSING HOMES.—There are three private maternity homes registered in St. Helens under the Nursing Homes Registration Act, 1927. These have been periodically inspected and found to be satisfactory. During the year 135 maternity cases were delivered in these homes.

Exemption from the provisions of the Act was granted to the St. Helens Hospital and the Providence Free Hospital. In the maternity block of the St. Helens Hospital 273 cases were delivered.

CHILD WELFARE CLINICS.—Child Welfare clinics for children under 5 years of age are conducted at eight sessions weekly at six centres. The attendances at the various maternity and child welfare clinics during 1936 are shown in Table 28.

It will be seen from this Table that the number of attendances by children under one year of age is considerably lower than that of previous years. This decrease is only an apparent one due to a change in the method of registering the children who attend the clinics. The number now represents the actual attendances made for advice and, if necessary, treatment, and does not, as formerly, include those attendances made for the purpose of obtaining food in the form of dried milk.

TABLE 28.

Attendances at Maternity and Child Welfare Clinics.

	1935	1936
Child Welfare Clinics.		
No. of children who attended for the first time during the year and who, on the date of their first attendance, were :—		
(i) under 1 year of age	1351	1380
(ii) between the ages of 1 and 5 years	633	1392
Percentage of notified births represented by the number of children who on the date of their first attendance were under 1 year of age	60.0	66.37
Number who attended and at the end of the year were—		
(i) under 1 year of age	1174	1194
(ii) between the ages of 1 and 5 years	1775	2393
No. of attendances by children—		
(i) under 1 year of age	26710	12478
(ii) between the ages of 1 and 5 years	4173	4396
Test-feeding Clinic.		
No. of nursing mothers attending	45	81
No. of attendances	104	93
Ante-natal Clinics.		
No. of expectant mothers attending	1188	1257
No. of attendances by expectant mothers	5572	6200
Percentage of total notified births (live and still) represented by the number of expectant mothers who attended either the Maternity and Child Welfare Centres or the Ante-natal Clinics	50.0	58.11
Gynaecological and Post-natal Clinic.		
No. of Mothers attending	171	288
No. of attendances	376	617
Sunlight Clinic.		
No. of Children attending	143	114
No. of attendances	2256	1451

The increase in the percentage of children, under one year of age, who attended for the first time, may be regarded as satisfactory.

The special sessions for toddlers inaugurated at the Albion Street Centre during 1935 were continued during 1936, and in May, 1936, further special sessions for toddlers were commenced at the Town Hall and Parr Centres, and from October at the West Street Centre. These sessions were arranged by devoting the last session each month of the infant welfare clinics at these Centres to toddlers, so that at the end of the year six sessions per month were being held as special toddlers' clinics. During 1936, 776 toddlers attended these clinics. This is an advance in the child welfare scheme in St. Helens, but there is still a need for special toddlers' clinics apart from infant welfare clinics if the supervision of the toddlers is to be satisfactory. During the pre-school years such defects as enlarged tonsils and adenoids, carious teeth, incipient squint, slight otorrhoea, etc., are much more amenable to treatment than when such conditions are of long standing. A special report (printed in the Appendix) dealing with the supervision of children under school age, and other health matters, was presented to the Health and Maternity and Child Welfare Committees on 24th November, 1936, and it is hoped that the special 'Toddlers' Clinics' referred to will be started during the current year.

TEST-FEEDING CLINIC.—This clinic is held on two sessions weekly at the Albion Street Centre, and is conducted by the Superintendent Health Visitor under the supervision of the Medical Officer in charge of Maternity and Child Welfare. Nursing mothers are referred to this clinic from the infant welfare clinics, and by private medical practitioners.

At the present day there is a tendency for mothers to be too easily discouraged from breast-feeding their babies. Unnecessary weaning is to be deplored, as it precludes the child from obtaining the food which is correct in composition for his immature digestion and which contains in adequate amounts the various protective

substances which are necessary for his well-being during the first few months of life. The object of this clinic is to encourage mothers to breast-feed their babies and to prevent weaning whenever the first difficulty is encountered. At the clinic the process of feeding is observed and faults corrected. The quantity of milk obtained by the child is ascertained by the child being weighed before and after a feed, and if necessary a sample of milk is analysed. The mother's diet and personal environment are investigated and defects regulated as far as possible. In some cases persistence in breast-feeding would be harmful to the child and these mothers are advised to wean. During 1936, 81 mothers attended this clinic. In 50 breast-feeding was continued, 20 were given instructions regarding supplementary feeds, and 11 were advised to wean. 3 of the mothers, however, persisted in weaning before it was considered advisable to do so.

ANTE-NATAL CLINICS.—Special ante-natal clinics are held six times weekly at five centres. As in 1935, there was an increase in the number of expectant mothers attending these clinics. In 58% of the total notified (live and still) births, the mothers attended one or other of the ante-natal clinics. The fact that so many mothers attend the clinics on their own initiative or through having attended during previous pregnancies, shows that the mothers are realising that part of the responsibility to obtain adequate supervision during pregnancy rests with themselves, and that they are availing themselves of the opportunity.

Among the 1,257 mothers attending during 1936, abnormalities or diseases requiring correction or treatment were discovered in 262 cases (20.8%). This may seem a high percentage, but some of the conditions were easily remedied, and the pregnancy thus made more comfortable for the mother. At the same time, however, this percentage indicates the necessity of careful ante-natal care.

The following is a classification of the abnormal conditions found :—

Anaemia	53
Albuminuria	47
Dental Caries	44
Leucorrhoea	28
Malpresentation	16
Varicose Veins	15
Contracted pelvis	12
Cardiac disease	11
Debility	8
Laryngitis and Bronchitis	5
Asthma	3
Tuberculosis	3
Placenta Praevia	2
Haemorrhoids	3
Rheumatism	2
Vaginitis	1
Hydramnios	1
Psoriasis	1
Haematuria	1
Epilepsy	1
Coxalgia	1
Threadworms	1
Exophthalmic Goitre	1
Follicular Tonsillitis	1
Post-Encephalitis	1
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	262
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GYNAECOLOGICAL AND POST-NATAL CLINIC.—

This Clinic serves a threefold purpose : (a) a centre where post-natal cases may go for examination and advice ; (b) a clinic where women suffering from any disease or disability associated with childbirth may obtain advice and treatment ; and (c) a centre where birth control advice may be given when further pregnancies would be detrimental to the mother's health.

During 1936 a total of 288 patients attended at this clinic.

The following classification shows the reasons for attendance :—

Cardiac Disease.....	2
Displacement of Uterus	37
Leucorrhoea	17
Suspected pregnancy	15
Thrombosis	1
Haemorrhoids	2
Menorrhagia	12
Lipoma	1
Sterility	3
Anaemia and Debility	21
Menopausal symptoms.....	3
For dental treatment	1
Threadworms	2
Infantile Uterus	1
Insomnia	1
Venereal Disease	3
Inguinal Hernia	1
Ovaritis and slight Salpingitis	1
Renal Disease	9
	<hr/>
	133
Post-Natal Cases	155
	<hr/>
	288
	<hr/>

It is important that mothers should submit themselves to an examination after confinement and the lying-in period, as much chronic ill-health in later life could be avoided if minor displacements were rectified soon after delivery. Too often a mother will put up with needless suffering merely because of the erroneous idea that such minor disabilities cannot be cured without operation.

During 1936, 155 Mothers attended the Gynaecological Clinic for post-natal examination, and of these 36 required treatment—18 for Anaemia and debility, 5 for Subinvolution of the Uterus, 2 for Retroversion of the Uterus, 2 for Prolapse, 1 for Anterversion,

4 for Haemorrhoids, 2 for Breast Abscess, 1 for persistent cracked nipples, and 1 patient was referred to the Tuberculosis Clinic.

Of the remaining 133 patients who attended this Clinic 6 were referred for operation at general hospitals and 18 were referred to their own doctors for treatment. The patients found to be pregnant were referred to the Ante-Natal clinics, and those suffering from Venereal Disease to the Venereal Diseases Centre for treatment.

Advice on birth control methods was given to 13 patients, 7 of whom had severe cardiac disease and 6 severe renal disease.

The services of the Council's Consultant Gynaecologist are available for patients attending this Clinic and during 1936, 6 patients were referred to him.

SUNLIGHT CLINIC.—Two sessions are held weekly at the Artificial Sunlight Clinic, and during 1936, 114 children made 1,451 attendances for treatment. There is no doubt this clinic has been of great benefit in helping the weakly and the rachitic child and is of the greatest assistance as an adjunct to other forms of treatment.

The following are the conditions for which children received treatment during the year :—

Rickets	36
Bronchitis	5
Debility	34
Marasmus	9
Cervical Adenitis	1
T.B. Cervical Adenitis	1
Failure to gain	4
Anaemia	16
Debility following Broncho-Pneumonia ..	2
Debility following Empyema	1
Tabes Mesenterica	1
Impetigo scalp	1
Post Tussis Debility	1
Post Diphtheria	1
Infantile Eczema	1

HOSPITAL ACCOMMODATION.—The Council maintain 20 beds for maternity cases and 32 cots for ailing and debilitated children at their Maternity and Child Welfare Hospital, Cowley Hill. On 30th July, 1936, the house known as “The Gables,” adjoining the hospital premises, was opened as a children’s annexe. This afforded extra accommodation for both mothers and children, the number of maternity beds being increased from 15 to 20, and the children’s cots from 22 to 32. These additional beds were urgently needed, and have more than justified their provision. At the children’s annexe there are two wards, one containing 6 cots and the other 7 cots, a day nursery, a kitchen, and two special toddlers’ bathrooms and lavatories on the ground floor. The first floor provides staff quarters and also a ward with 7 cots. The rooms on the top floor have been converted into sleeping quarters for the night staff of the whole Hospital. A laundry has been built on premises which were previously old stables, so that all the laundry work connected with the hospital is now done on the hospital premises. This has proved to be of great benefit, as the laundry connected with a maternity hospital is necessarily a very important part of its administration.

In order that the Maternity and Child Welfare Hospital may be a complete unit in the Maternity and Child Welfare Scheme for the town, it is only necessary now for the Hospital to have its own ambulance. At the present time the ambulance service is provided by one of the motor ambulances kept at the Isolation Hospital.

During 1936 there was again constant demand for maternity beds, and 541 maternity patients were admitted. These, with 11 patients remaining in hospital from the previous year, brought the total number of patients dealt with during the year to 552. The average duration of stay in hospital was 11.5 days.

There were 472 deliveries during the year and the following abnormal cases occurred :—

Albuminuria	25
Eclampsia	1
Induction of labour	18
Breech delivery	18
Cardiac Disease.....	11
Caesarian Section	10
Twin delivery	6
Phthisis	4
Placenta Praevia	4
Accidental Haemorrhage	3
Face Presentation	4
Episiotomy.....	4
Retained Placenta	3
Forceps delivery	2
Transverse Presentation	1
Gonorrhoea	1
	<hr/>
	115

Amongst the admissions were 51 ante-natal patients admitted for treatment, the causes for admission being Albuminuria 22, Cardiac Disease 9, Debility 11, Toxaemia of pregnancy 6, Phthisis 3.

There were 2 maternal deaths in the Hospital during the year, the causes of death being Placenta Praevia in one case and Splenic Anaemia in the other.

There were 24 still-births and 9 babies died within 10 days of birth, the causes of death being :—

Prematurity due to Albuminuria	3
Prematurity due to Toxaemia	1
Prematurity due to Twin pregnancy	2
Spina Bifida	2
Icterus Neonatorum	1
	<hr/>
	9

On the children's side of the Hospital 78 cases were dealt with during the year, including 18 cases which were remaining in hospital on the 1st January. Table 30 shows the reasons for admission.

Table 30.

Table showing the reasons for admission of Children to the St. Helens Maternity and Child Welfare Hospital during 1936.

Reason for Admission	Number
Marasmus	17
Rickets	8
Debility	9
Malnutrition	2
Spina Bifida	2
Prematurity	2
Tubercular Dactylitis	1
Abscess of Leg	1
Gastro-Enteritis	2
Cleft Palate.....	1
Abscess of Jaw	1
Mongol	1
Eczema	1
For care while mother in Maternity Ward	12
	60

CONSULTANT SERVICES.—The services of a Consultant Obstetrician and Gynaecologist are available for any cases in which special difficulty is experienced. He acts as Consultant Surgeon to the Council's Maternity Hospital and to all the clinics and, under the Council's arrangements for the treatment of puerperal fever and puerperal pyrexia, his services are available to medical practitioners requiring specialist opinion in such cases.

The services of the Council's other consultant officers, e.g., the Ophthalmic Surgeon, the Throat and Nose Surgeon, and the Orthopaedic Surgeon, are also available and employed when required for any cases under the Maternity and Child Welfare Scheme.

MILK FOR MOTHERS AND INFANTS.—At all the clinics and centres full cream dried milk and chocolate milk are on sale at cost price, or are available at less than cost price for necessitous cases. In exceptional cases orders on local tradesmen are given for

the supply of meat and/or eggs. Cases in receipt of relief from the Public Assistance Committee or the Unemployment Assistance Board are, when so requiring it, recommended to these authorities for the supply of extra nourishment.

During the year approximately 400 cwts. of milk or chocolate-milk were disposed of, and, of this, 239 lbs. were issued free and 43,100 lbs. at less than cost price.

Cod Liver Oil Emulsion, Malt and Oil, and Virol are also provided at the centres at cost price or free in suitable cases.

STERILE MATERNITY OUTFITS.—These outfits may be purchased at the Ante-Natal centres for 1/6d. each, and contain sterile material for use at confinements. During 1936 the number purchased was 198, a disappointing number when it is remembered that the outfits may be paid for by instalments, and that they can be made such a valuable adjunct at a confinement. It is hoped that much more use will be made of these under the new Municipal Midwifery Scheme.

MATERNITY BAGS.—Maternity bags, containing sheets, nightgowns, baby clothing &c., are also available on loan in cases of necessity or where the mother has not been able to make any preparations for her confinement. Bags were loaned to 8 cases during the year.

MINOR AILMENTS AND DENTAL DEFECTS.—During the year, 11 children received treatment for minor ailments, and 276 mothers and 193 children received dental treatment at the School Clinic. Mothers in need of dentures are supplied with these at cost price. Arrangements have also been made for the supply of spectacles to toddlers in necessitous cases when these are required for the treatment of squint.

CRIPPLED CHILDREN.—A complete record of the work of the Orthopaedic Clinic is given in Table 31 in the Orthopaedic section of the Report.

From that Table it will be seen that under the Maternity and Child Welfare Service 149 crippled children under 5 years of age were dealt with. This involved 172 attendances to see the Orthopaedic Surgeon, 2004 attendances for intermediate treatment, and 76 home visits by the nurse for purposes of supervision. 6 cases were admitted to orthopaedic hospitals for operation or other surgical treatment and 5 cases were treated at the Maternity and Child Welfare Hospital.

INFANT LIFE PROTECTION.—Particulars are given in the following statement of the cases dealt with during the year under the Children and Young Persons Acts.

Number of persons on the Register who were receiving children for reward at 31/12/1936	10
---	----

Number of children—

(a) On the Register at 1/1/1936	10
(b) Admitted to the Register during the year	2

(c) Removed from the Register during the
year—

(i) Left the Borough	—
(ii) Legally adopted	1
(iii) Returned to relatives	1
(iv) Over age	2
(d) Who died during the year	—
(e) On the Register at 31/12/1936	10

The children were inspected regularly throughout the year by the health visitors, who are also infant protection visitors under the Acts, and all were found to be well cared for and living under satisfactory conditions.

IX. ORTHOPAEDICS.

The work of the Orthopaedic Department during 1936 proceeded along similar lines to those of preceding years. A summary of this work is given in Table 31, and Table 31a shows the cases treated during the year classified according to their defects.

There was a marked increase during the year in the number of new cases seen, and in the total attendances at the central Orthopaedic Clinic, at the Albion Street centre, and at the various district clinics. This was in part due to the number of cases of school children referred by the School Medical Officers for postural defects. There has been a tendency in the past to regard conditions such as round shoulders and dorsal kyphosis as a normal stage in the physical development of the average child, but the pendulum is now swinging the other way. Special classes have had to be arranged, and several sessions held every week in order to deal with the large numbers of children who need correction for the faulty muscle tone which is responsible for these conditions.

One of the most interesting features of the clinic is, perhaps, the well-maintained and steady decline in the number of cases of rickets seen and treated. Rickets is the most readily recognisable of the deficiency diseases and responds well in its early stages to simple treatment, whilst, if neglected, it can lead to a very considerable degree of incapacity and disfigurement in later life. It is interesting to note the diminished incidence of this condition in relation to the progressive development of popular health education.

In order that patients may not have to travel long distances for intermediate treatment, the Orthopaedic Nurse now attends four clinics in the outlying districts, in addition to the Central Clinic. These are held at Gartons Lane, Elizabeth Street, West Street and Parr. The nurse also attends the Eccleston Hall Sanatorium and the Hamblett Open-Air School once weekly.

In-patient treatment for younger children is provided at the Royal Liverpool Children's Hospital and its branches at Heswall and Thingwall, and for very young children at the Maternity and Child Welfare Hospital at Cowley Hill. Older children are treated at the Royal Southern Hospital, Liverpool. Cases suffering from

tuberculosis of bones and joints are treated at the Leasowe Open-Air Hospital for Children or at Eccleston Hall Sanatorium. At all these hospitals patients from St. Helens come under the immediate control of the Council's Orthopaedic Surgeon, Mr. Bryan McFarland.

Unfortunately there is still lacking a scheme for the treatment of adult orthopaedic cases unless they should happen to be tuberculous in origin.

Table 31.

Record of work under Orthopaedic Scheme during the year 1936.

	Cases of Tuberculosis	Maternity and Child Welfare Cases	Non- tubercular School Children
Number of cases on the Register, 1st January, 1936	38	89	265
Number of new cases seen during 1936	5	60	150
Number of old cases seen during 1936	38	89	265
Number who attended for consultation only	—	2	2
Number discharged cured or improved	3	19	41
Number discharged showing no material improvement	—	—	—
Number ceased to attend, over age, etc.	9	18	48
Cases transferred to Education Account	3	24	—
Cases transferred to Tuberculosis Account	—	2	1
Number of cases remaining under treatment at end of 1936	28	84	323
Attendances to see Orthopaedic Surgeon	54	172	540
Attendances for intermediate treatment	521	2004	6609
Visits to Homes by Orthopaedic Nurse	312	76	230
Cases treated in Royal Liverpool Children's Hospital : Myrtle Street	—	3	12
Heswall	4	3	12
Cases treated in Leasowe Open-Air Hospital for Children	9	—	—
Cases treated in Royal Southern Hospital	1	—	6
Cases treated in Maternity and Child Welfare Hospital	—	5	—
Cases treated in Eccleston Hall Sanatorium	8	—	—
Total number of days of Institutional Treatment	4648	1111	2185

Table 31(a).

Defects treated under Orthopaedic Scheme during 1936.

Defect	Tuberculosis	Maternity and Child Welfare Cases	Non-tubercular School Children
Infantile Paralysis	—	10	60
Other forms of Paralysis	—	22	52
Rickets	—	33	30
Congenital deformities	—	16	37
Acquired Foot deformities	—	48	86
Traumatism	—	2	18
Arthritis	—	—	5
Postural Defects	—	5	80
Miscellaneous	—	13	47
Tuberculosis :			
(a) Spine	19	—	—
(b) Hip	10	—	—
(c) Knee.....	9	—	—
(d) Ankle	2	—	—
(e) Others	3	—	—
Total	43	149	415

X.—WELFARE OF THE BLIND.

There were 214 Blind Persons on the Blind Register for St. Helens on the 1st January, 1936, and this number increased by 3 to 217 during the year. The following is an analysis of the cases on the register at the 31st December 1936.

Age distribution :—

Age	0—4	years	—
	5—15	„	12
	16—20	„	9
	21—49	„	62
	50—69	„	66
	70—	„	68
Total			217

Educational and occupational distribution :—

Infant	.....	.....	.....	.....	.....	—
Education	.....	At school	.....	.....	.....	10
		Not at school	.....	.....	.....	2
Employment—	Employed (Workshops or Home Workers Scheme)	.....	.....	.....	.....	32
	Employed (Working on own account)	.....	.....	.....	.....	5
	Under training	.....	.....	.....	.....	4
	Not training but trainable	.....	.....	.....	.....	1
	Unemployable	.....	.....	.....	.....	161
	Trained, but unemployed	.....	.....	.....	.....	2

All provision for the care and welfare of the local blind—with the exception of that of blind children under two years of age, and the education of children of school age and vocational training—is undertaken on behalf of the Corporation by the St. Helens and District Society for the Welfare of the Blind.

The treatment of persons suffering from disease of, or injury to, the eye, and the provision of suitable glasses as a preventative of blindness is undertaken by the Council under Section 66 of the Public Health Act, 1925.

XI.—POOR LAW MEDICAL RELIEF.

The arrangements for institutional treatment remain as before ; the Council retaining their agreement with the Lancashire County Council for the treatment of cases at the Whiston Infirmary. Table 32 shows the number of persons in receipt of institutional relief on medical grounds on the 1st January, 1937, and also the number of rate-aided persons in mental hospitals.

Table 32.

Establishments in which persons were relieved.	Men	Women	Children between 3 and 16 years of age	Infants under 3 years of age	Total
A). <i>In Poor Law Establishments :—</i>					
Whiston Infirmary :					
(a) Sick wards	57	18	9	4	88
(b) Persons suffering from mental infirmity and certified under the Lunacy Acts or the Mental De- ficiency Acts	41	53	—	—	94
(B). <i>In Establishments not administered under the Poor Law Acts :—</i>					
(a) Establishments for persons suffering from mental infirmity, excluding persons maintained under the Lunacy and Mental Treatment Acts, 1890 to 1930, in Mental Hospitals :—					
Royal Albert Institution	1	—	—	—	1
(b) Other Establishments for the Sick—					
Maghull Home for Epileptics	2	5	—	—	7
St. John's Institution for Deaf and Dumb, Boston Spa	—	1	—	—	1
David Lewis Epileptic Colony, Manchester.....	1	1	—	—	2
Chalfont Epileptic Colony, Bucks.	—	1	—	—	1
(C). <i>In Mental Hospitals administered under the Lunacy and Mental Treatment Acts :—</i>					
Rate-aided persons	135	122	—	—	257
TOTALS	237	201	9	4	451

The arrangements commenced in 1935 for outdoor medical relief whereby the town is divided into five medical relief districts for each of which there is a part-time District Medical Officer, were continued during 1936.

During the 12 months ending 31st March, 1937, 3,433 medical orders were issued and there was an average of 297 persons on the permanent medical relief list. During the same period 16,092 prescriptions were completed by the chemists in connection with the treatment of these cases.

Dental cases are treated at the Council's Dental Clinic, the work being carried out at a special evening session held weekly. 447 cases were treated during the year at that Clinic. To 55 of these dentures were also supplied, and in 10 cases dentures were repaired.

Cases with eye diseases or defects are treated by the Ophthalmic Surgeon at either the St. Helens Hospital or the Providence Hospital.

XII.—LIST OF ADOPTIVE AND LOCAL ACTS, BYELAWS, AND LOCAL REGULATIONS AND ORDERS relating to the public health, in force in the district.

ADOPTIVE ACTS.

The Infectious Disease (Notification) Act, 1889, applied to :

- (1) Ophthalmia Neonatorum, by Order of the Local Government Board, which came into force on the 7th April, 1910.
- (2) Acute Poliomyelitis and Cerebro-Spinal Fever, by Order of the Local Government Board, which came into force on the 19th February, 1912.

The Infectious Disease (Prevention) Act, 1890. Adopted 7th January, 1891.

The Public Health Acts Amendment Act, 1890. Parts II and III adopted 1st April, 1891. Part IV adopted 1st July, 1923. Part V adopted 24th October, 1894.

Public Health Acts Amendment Act, 1907, Sections 78, 79, 80, 81, 85, 88, 89 and 90, put in force 1st January, 1909. Sections 19, 25, 26, 27, 29, 32, 33, 34, 35, 36, 46, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 59, 60, 61, 62, 63, 64, 66, 67, 68, 93, and 95, and Part V, put in force 23rd August, 1909.

The Public Health Act, 1925, Part II, Sections 13, 14, 15, 16, 20, 23, 25, 26, 27, 28, 30, 31, 32, and 35 ; Parts III, IV, and V, adopted 7th December, 1927, put in force on 1st February, 1928.

LOCAL ACTS with Sanitary Clauses.

The St. Helens Improvement Act, 1869.

The St. Helens Corporation Act, 1893.

The St. Helens Corporation Act, 1898.

The St. Helens Corporation Act, 1911.

The St. Helens Corporation Act, 1921.

The St. Helens Corporation Act, 1933.

ADAPTATION OF LOCAL ACTS.

The Borough of St. Helens (Adaptation of Local Acts) Order, 1930, made by the Minister of Health, for bringing certain provisions of the local Acts into conformity with the provisions of the Public Health Act, 1925.

The Ministry of Health Provisional Orders Confirmation (No. 1) Act, 1928, repealing and altering certain sections of the St. Helens Improvement Act, 1869, and the St. Helens Corporation Acts, 1893, 1898, 1911, and 1921 with reference to New Streets and Buildings.

The Ministry of Health Provisional Order Confirmation (St. Helens) Act, 1936 ; confirming the St. Helens Order, 1931, as to Tuberculosis.

BYELAWS.

Byelaws with respect to Nuisances made by the Council on the 1st October, 1930.

Byelaws as to Slaughterhouses, made by the Council on the 5th February, 1930.

Byelaws with respect to New Streets and Buildings in the Borough of St. Helens, made by the Council on the 5th October, 1927.

Byelaws with respect to the Drainage of Existing Buildings in the Borough of St. Helens, made by the Council on 7th December, 1927.

Byelaws with respect to Tents, Vans, Sheds and similar Structures used for human habitation, made by the Council on the 28th July, 1926.

Byelaws with respect to Houses let in Lodgings, made by the Council on the 5th June, 1935.

Byelaws with respect to Common Lodging Houses, made by the Council on the 6th May, 1936.

Byelaws with respect to Cisterns, Waterclosets and Urinals, made by the Council on the 1st February, 1922.

Byelaws as to Spitting, made on the 2nd August, 1911.

REGULATIONS.

Regulations as to Public Abattoir and Cold Air Stores, made by the Council on the 2nd May, 1906.

The Borough of St. Helens (Notification of Measles, German Measles and Whooping Cough) Regulations, 1915, made by the Minister of Health on the 22nd June, 1915.

ORDERS—SHOP ACTS.

General Weekly Half-Holiday Order, made on the 7th August, 1912.

Weekly Half-Holiday Extension Order (Butchers and Chemists) made on the 4th December, 1912.

Closing Order (Motor, Cycle and Aircraft dealers) confirmed by the Home Secretary on the 30th January, 1913.

Closing Order (Tailors, etc. Shops) confirmed by the Home Secretary on the 10th December, 1915.

XIII.—INSPECTION AND SUPERVISION OF FOOD.

MEAT AND OTHER FOODS.—There is a municipal abattoir with cold stores attached. The inspection and supervision of all meat at the abattoir is carried out by the Abattoir Superintendent who is a qualified Meat Inspector.

The butchers using the abattoir employ their own slaughtermen, but these are licensed yearly under the Slaughter of Animals Act, 1933. During the year licences were renewed to 30 slaughtermen employed at the abattoir and one additional licence was granted. All animals (including sheep) are stunned by captive bolt pistols before slaughter. The provision of an electrical stunning apparatus for pigs is at present being considered.

In addition to the Public Abattoir there is one private slaughter house in the borough. This is licensed for the slaughter of pigs only and the licence comes up for review yearly. Licences under the Slaughter of Animals Act, 1933, were renewed to five slaughtermen employed at this slaughterhouse and two additional licences were

granted. During the year 336 visits for inspection purposes were made to this slaughterhouse and no infringements of the Byelaws with respect to Slaughterhouses or of the Public Health (Meat) Regulations, 1924, were found.

Under Section 135 of the St. Helens Corporation Act, 1933, it is necessary for any person (other than a shop keeper) who sells meat or meat food products from a vehicle, basket or barrow, to hold a certificate from the Corporation approving the accommodation used by him for storage purposes. Four certificates of approval were granted during the year.

Table 33 shows the number of animals slaughtered in St. Helens and the approximate weight, in pounds, of meat found diseased.

Table 33.
Number of Animals slaughtered and amount of diseased meat condemned during the year 1936.

					PRIVATE					
ABATTOIR.					SLAUGHTERHOUSE.					
			Number of Animals Slaugh- tered.	No. of Animals found diseased		Weight in lbs. of Meat Con- demned	Number of Animals Slaugh- tered.	No. of Animals found diseased		Weight in lbs. of Meat Con- demned
				Tuber- culosis	Other diseases.			Tuber- culosis	Other diseases.	
Beasts	.....	.....	4037	298	1086	77407	—	—	—	—
Calves	.....	.....	237	1	1	138	—	—	—	—
Sheep	.....	.....	1248	—	3	52	—	—	—	—
Pigs	.....	.....	6584	278	505	11264	5508	465	295	9915

The inspection and supervision of other foodstuffs in the borough, and of the premises in which they are prepared or sold, is undertaken by a specialist Food Inspector.

At the end of the year 187 premises were registered, under Section 127 of the St. Helens Corporation Act, 1933, for the preparation or manufacture of potted, pressed, pickled, or preserved meat,

fish or other food intended for the purpose of sale. Of these 161 were fried fish shops and 26 were used for the preparation or manufacture of cooked meats.

During 1936, 3,379 visits were made by Inspectors to shops, stalls and other places where food is prepared or stored, as compared with 3,785 visits during 1935. The following is a brief summary of the work covered by these visits. Further details are given in the appropriate sections of the Report :—

Premises.	Visits	No. of offences against Acts, Orders, &c.	No. of nuisances or defects found	No. of nuisances or defects remedied after service of notice
Private Slaughterhouses	336	—	—	—
Fried Fish shops	180	—	—	—
Fishmongers and Greengrocers	856	32	—	—
Butchers shops	698	12	2	2
Ice Cream shops	225	—	4	4
Bakehouses	185	—	9	9
Tripe Boilers, etc.	95	—	—	—
Food Preparing and Storing Places	804	5	2	2

Legal proceedings, under Sections 116 and 117 of the Public Health Act, 1875, were instituted during the year against a local fish dealer for having in his possession for the purpose of sale 54 lbs. of fish which was unsound and unwholesome, and under Section 72 of the Public Health Act, 1925, for failure to take all such steps as were reasonably necessary to prevent the risk of contamination to food and to secure the cleanliness of the room in which the food was stored. The offender was fined £10 and £1 respectively for these offences.

The following are the total quantities of various classes of food-stuffs which were condemned at the Abattoir or in shops, etc., during the year owing to being diseased or unsound :—

Meat	98,776 lbs.
Fish	4,904 ,,
Poultry, Game and Rabbits.....	264 ,,

Public Health (Meat) Regulations, 1924.—Eight infringements of the Public Health (Meat) Regulations, 1924, were found during the year as compared with fifteen during 1935. The offences consisted of :—

	<i>No. of Offences</i>
1. Walls and/or ceilings requiring cleansing and whitewashing	4
2. Unsuitable receptacle for the storage of trimmings and refuse	2
3. Room not adequately ventilated	2

In each instance the unsatisfactory condition was remedied after service of notice.

Agricultural Produce (Grading and Marking) Act, 1928.—More use is now being made in St. Helens than formerly of the special trade designations allowed by the above Act defining the quality of agricultural produce, but there is still considerable scope for improvement in this direction.

There are no premises registered for the cold or chemical storage of eggs.

Merchandise Marks Act, 1926.—The Orders in relation to foodstuffs, which have been made under this Act, require that any classes of foodstuffs to which they relate shall on importation, or on exposure for sale, be clearly marked with an indication of origin.

1,554 visits were made during the year for the purpose of ensuring that the requirements of these Orders were being complied with.

In two instances legal proceedings under the Merchandise Marks (Imported Goods) No. 5 Order, 1934, were instituted against fish and poultry dealers for exposing for sale imported dead poultry (turkeys) without being marked with an indication of origin. Both cases were dismissed on payment of costs.

44 verbal warnings were given by the Inspecting Officer for minor infringements.

MILK SUPPLY.—At the close of the year there were registered under the Milk and Dairies (Amendment) Act, 1922, and the Milk and Dairies Order, 1926 :—

- 8 persons as cowkeepers and wholesale and retail purveyors of milk ;
- 2 persons as cowkeepers and wholesale purveyors of milk ;
- 10 persons as cowkeepers and retail purveyors of milk ;
- 381 persons as purveyors of milk ; and
- 83 premises as cowsheds or dairies.

Approximately 352 cows are kept for dairy purposes within the borough, and these were regularly inspected by the Veterinary Inspector.

Milk and Dairies (Consolidation) Act, 1915.—Only one infringement of this Act was found during the year, and this consisted of selling milk from a vehicle and receptacle not being conspicuously marked with the name and address of the vendor.

The offender was warned by the Health Committee.

Milk and Dairies Order, 1926.—During the year a total of 632 visits were paid by the Sanitary Inspectors to the dairies and cowsheds in the borough. In addition to these visits, all dairy cattle are inspected quarterly and as occasion arises by the Veterinary Inspector, and advisory visits are also paid to farms by the agricultural staff of the Lancashire County Council.

Serious infringements of the Order are now few, and in no instance was it necessary to institute legal proceedings.

Milk (Special Designations) Order, 1936.—This Order came into force on June 1st, 1936, and revokes the previous Milk (Special Designations) Orders of 1923 and 1934.

The more important alterations effected by the Order are (1) the designations “ Certified,” “ Grade A (Tuberculin Tested) ” and “ Grade A ” are abolished, and are replaced by the designations “ Tuberculin Tested ” and “ Accredited ” ; (2) except for pasteurised milks the “ plate count ” bacteriological tests are superseded by the “ methylene blue reduction test ” ; (3) licenses authorising the use of the designation “ Tuberculin Tested ” will in the future be granted by the Council.

The following licenses were granted during the year :—

License authorising the use of the special designation “ Tuberculin Tested ” in respect of the establishment at which the milk is produced and bottled	.....	.....	.....	.....	.....	.....	1
Licenses authorising the use of the special designation “ Accredited ” in respect of the establishment at which the milk is produced and bottled	.....	.....	.....	.....	.....	.....	7
Licenses authorising the use of the special designation “ Pasteurised ” in respect of the establishment in which the process of pasteurising is carried on, and in respect of any shop or other establishment from which the milk is sold	.....	.....	.....	.....	.....	.....	2
License authorising the use of the special designation “ Tuberculin Tested ” from an establishment (not being the establishment at which the milk is produced and bottled)	.....	.....	.....	.....	.....	.....	1

In order to encourage the production of graded milks in the borough, the Council decided during the year to dispense altogether with the payment of licensing fees.

Bacteriological Examination of Milk.—In the routine examination of milk supplies 167 samples were sent during the year for examination for the presence of tubercle bacilli by guinea-pig inoculation tests. Owing, however, to a shortage of guinea-pigs during one period of the year, in 31 instances microscopical examinations only were carried out.

In addition to the 167 routine samples, a further 28 samples were taken by the Veterinary Inspector in suspected cases, or in the following-up of previous cases.

Dealing only with the 167 routine samples and deducting from them three samples in respect of which the guinea-pigs died too soon for a definite diagnosis to be made and the 31 samples for which microscopical examinations only were carried out, positive evidence of tubercle bacilli was found in 13 or 9.7% of the samples taken. This is slightly lower than the corresponding percentage for the previous year (11.2%).

Table 34 shows the percentage of infected samples and the area of production of the samples examined during the past four years.

In addition to the samples of milk taken for examination for tubercle bacilli, 349 samples were examined for bacterial counts and the presence of bacillus coli.

The examination of milk for bacterial count and coli content is a measure of the cleanliness or otherwise of the milk, the presence of bacillus coli indicating particularly manurial contamination.

The results of the examinations are shown in Table 35. From this table it will be seen that only 3 (3.8%) of the 78 samples of graded raw milk contained bacteria in excess of 200,000 per c.c., and 9 (11.5%) samples contained bacillus coli in 1/100th c.c. ; whilst of the 103 samples of ungraded raw milk taken from ordinary milk producers 13 (12.6%) contained bacteria in excess of 200,000 per c.c., and 21 (20.4%) contained bacillus coli in 1/100th c.c.

TABLE 34.
Tubercle Bacilli in Milk.
Areas of production of samples examined.

Area	Year	No. of routine samples examined	No. of samples in respect of which the guinea-pig died too soon for a definite diagnosis to be made	No. of samples in respect of which a definite diagnosis was made	Samples shewing positive evidence of tubercle bacilli	
					Number	Percentage
1933						
St. Helens.....		15	—	15	1	6.7%
Lancashire C. C.		33	2	33	6	18.2%
Cheshire C.C.		30	—	28	1	3.6%
* Pasteurised		6	—	6	1	16.6%
Total		84	2	82	9	11.0%
1934						
St. Helens.....		16	1	15	3	20.0%
Lancashire C. C.		41	1	40	1	2.5%
Cheshire C. C.		31	—	31	1	3.2%
* Pasteurised		8	1	7	—	—
Total		96	3	93	5	5.3%
1935						
St. Helens.....		45	—	45	5	11.1%
Lancashire C.C.		55	3	52	7	13.4%
Cheshire C.C.		36	1	35	5	14.2%
* Pasteurised		20	1	19	—	—
Total		156	5	151	17	11.2%
1936						
St. Helens.....		50	3	41	6	14.6%
Lancashire C.C.		63	—	45	3	6.6%
Cheshire C.C.		33	—	29	3	10.3%
Liverpool.....		2	—	2	1	50.0%
* Pasteurised		19	—	16	—	—
Total		†167	3	133	13	9.7%

* As the pasteurised milk was mixed milk from several areas the area of production of the samples examined was unknown.

† This figure includes 31 samples in respect of which microscopical examinations only were carried out owing to a shortage of guinea-pigs.

TABLE 35.
Bacterial Counts in Samples of Graded and Ungraded Milks.

No. of Samples	Grade	Number of bacteria per c.c.			Colon Bacilli present in	
		Under 30,000	30,000 to 100,000	100,000 to 200,000	Over 200,000	1/10th c.c. 1/100th c.c.
24	Certified or Tuberculin Tested (Certified)	24	—	—	—	—
11	Grade 'A' T.T. or Tuberculin Tested	6	5	—	—	—
43	Grade 'A' or Accredited	29	7	4	3	9
125	Ungraded milk from Accredited Producers	98	8	5	14	28
103	Ungraded milk from Ordinary Producers	57	27	6	13	21
43	Pasteurised	37	4	1	1	5

NOTE.—From June 1st, 1936, the designations 'Certified' and 'Grade A (Tuberculin Tested)' were replaced by the designations 'Tuberculin Tested (Certified)' and 'Tuberculin Tested', respectively, and the designation 'Grade A' was replaced by the designation 'Accredited'.

Better Milk Competition.—As mentioned in my Annual Report for last year, most milk producers in St. Helens have now had adequate instruction in the methods of clean milk production, and future competitions held on the lines of those in past years can, therefore, no longer be regarded as educational.

The scope of the competition held this year was, therefore, extended to encourage milk producers to give their attention to all aspects of milk production and to maintain the competitive spirit.

With these objects in view, marks were awarded not only for the cleanliness of the milk as judged by its bacterial and sediment content, but also for its nutritive value as judged by chemical analysis, and its freedom from tubercle bacilli. Also the title of the competition was changed to that of “Better Milk Competition.”

The following is a copy of the rules which governed the competition :—

ST. HELENS BETTER MILK COMPETITION, 1936.

HAMBLETT CUP.

Rules.

- | | |
|-------------------------------|--|
| <i>Period of Competition.</i> | The Competition this year will commence on April 1st, 1936, and extend over a period of nine months to December 31st, 1936. Succeeding competitions will probably extend over a period of twelve months commencing from January 1st each year. |
| <i>Eligibility.</i> | The Competition will be open to <i>Accredited Milk Producers</i> and producers of <i>Non-Graded Milk</i> . Similar producers in the <i>Lancashire County Area</i> , retailing milk in St. Helens, will also be eligible to compete. |
| <i>Entrance Fee.</i> | No entrance fee will be charged. |

Prizes.

The winner of the competition to hold the cup for one year only. It is not proposed that the winner of any number of successive competitions should be allowed to win the cup outright, but the winner to be also awarded, to be retained permanently by himself, a small replica of the Cup. A silver medal to be awarded to the competitor next in order of merit. Certificates of merit will also be awarded to competitors who obtain more than 66% of the total possible marks.

System of judging.

The system of judging will be based solely on the periodical examination of the milk. No marks will be awarded for inspections on the farm. The scale of marks will be based upon a possible maximum of 1,000, as follows :—

	<i>Possible maximum number of marks.</i>	<i>Number of of samples to be taken.</i>
(a) Cleanliness of the milk as judged by bacteriological examination	500	6
(b) Cleanliness of the milk as judged by the sediment test	100	6
(c) Nutritive value of the milk as judged by chemical analysis	200	6
(d) Freedom of the milk from tubercle bacilli	200	2
	<hr/>	<hr/>
	1,000	20
	<hr/>	<hr/>

All samples will be taken in course of delivery to the consumers and not, as previously, at the farm.

The final decision as to awards shall be made by the Medical Officer of Health.

The number of competitors were as follows :—

(1) Borough competitors	.....	.....	.....	12
(2) County competitors	.....	.....	.....	13

Of the 150 samples submitted for bacteriological examination during the period of the competition, 92, or 61.3%, reached certified milk standard, and 41, or 27.3%, accredited milk standard.

Milk-in-Schools Scheme.—Very strict supervision of milk supplied to schools under the Milk-in-Schools Scheme is still being maintained. The milk now supplied is either raw milk for which the producers hold graded milk licenses, or milk for which pasteuriser's licenses have been granted. In previous Annual Reports I have given the conditions to be observed for the continuance of approval of supplies to schools, and the system of sampling carried out to ensure that those conditions are being complied with. During the year 74 school departments were supplied with milk by 12 suppliers with 19 separate sources of supply.

The number of samples taken during 1936 was as follows :—

(a)	CHEMICAL ANALYSIS	299
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These samples are additional to the routine samples taken under the Food and Drugs (Adulteration) Act, 1928, and the Gerber method of analysis is used.

(b)	BACTERIAL COUNT AND THE PRESENCE OF BACILLUS COLI	133
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(c)	EXAMINATION FOR THE PRESENCE OF TUBERCLE BACILLUS	62
-----	--	-------	-------	-------	-------	-------	----

If, upon examination, a sample of milk is found to contain evidence of tubercular infection, approval of the supply is immediately withdrawn and arrangements are made by the Department for an alternative supply to be provided. Approval is also withdrawn where two or three consecutive samples from a particular source show excessive bacterial counts or coli content.

FOOD AND DRUGS (ADULTERATION) ACT, 1928, etc.—Food and Drugs (Adulteration) Act, 1928.—During the year, 333 formal samples and 115 informal samples were taken for analysis.

The natures of the samples taken, with the results of examination by the Public Analyst, are shown in Table 36.

Table 36.

Number of samples taken under the Food and Drugs (Adulteration) Act, 1928, during 1936, and the results of analysis by the Public Analyst.

ARTICLE.	Number of samples taken.		Number genuine.		Number adulterated.	
	Formal	Informal	Formal	Informal	Formal	Informal
Bicarbonate of Soda	4	—	4	—	—	—
Cereals :						
Arrowroot	1	—	1	—	—	—
Pearl Barley	6	—	6	—	—	—
Rice	5	—	5	—	—	—
Self-Raising Flour	2	—	2	—	—	—
Cockles	—	1	—	1	—	—
Cocoa	4	2	4	2	—	—
Coffee	4	1	4	1	—	—
Condiments	9	1	9	1	—	—
Confectionery, etc.	8	7	1	7	7	—
Dried Fruits, Spices, etc.	9	4	9	4	—	—
Drugs, etc.	9	22	6	18	3	4
Jams and Jellies	5	2	5	2	—	—
Lard	7	—	7	—	—	—
Lard Substitute	1	—	1	—	—	—
Lemon Cheese	1	—	1	—	—	—
Margarine	7	—	7	—	—	—
Milk and Milk Products :						
Butter	14	—	14	—	—	—
Cheese	6	3	6	3	—	—
Condensed Milk	—	4	—	4	—	—
Milk	181	56	166	37	15	19
Fresh Cream	—	2	—	2	—	—
Mint	1	—	1	—	—	—
Potted and Tinned Meat and Fish	15	4	15	4	—	—
Sausages	10	1	10	1	—	—
Shrimps	—	1	—	1	—	—
Suet	3	1	3	1	—	—
Sugar.....	6	—	6	—	—	—
Sweets	2	2	2	2	—	—
Tea	4	—	4	—	—	—
Tinned Fruit, etc.	3	1	3	1	—	—
Tripe	1	—	1	—	—	—
Wines and Spirits :						
Irish Whiskey	2	—	2	—	—	—
Scotch Whiskey	1	—	1	—	—	—
Rum	2	—	2	—	—	—
Total	333	115	308	92	25	23

In addition to the above, 402 informal samples of milk supplied to schools under the Milk-in-Schools Scheme, or in connection with the Better Milk Competition, were examined by means of the Gerber Test in the Department's own laboratory.

The appended statement shows the action taken in cases of adulterated samples taken formally :—

(a) Legal proceedings instituted under the Food and Drugs (Adulteration) Act, 1928 :—

<i>Sample No.</i>	<i>Article.</i>	<i>Adulteration and result of Proceedings.</i>	
428	New Milk	21% added water. Fined £5 and costs.	
540	Milk	2% added water. 12% deficient in milk fat.	These samples were taken from one vendor. Cases dismissed on payment of £10/9/0 costs.
541	Milk	2% added water. 14% deficient in milk fat.	
542	Milk	2% added water.	
543	Milk	2% added water.	
544	Milk	2% added water.	
545	Milk	2% added water.	
547	Milk	1% added water.	
12	Cream Sandwich	Filling consisted of fat other than milk fat. Fined £1. Appeal pending.	
13	Cream Drops	Filling consisted of fat other than milk fat.	These samples were taken from the same vendor as in the case of sample No. 12. The cases were adjourned pending the result of the appeal mentioned.
14	Jelly Creams	Filling consisted of fat other than milk fat.	
15	Raspberry & Cream Sandwich	Filling consisted of fat other than milk fat.	

(b) No legal proceedings instituted, but in all cases the sellers were warned by the Health Committee :—

<i>Sample No.</i>	<i>Article.</i>	<i>Adulteration.</i>
419	New Milk	2% deficient in milk fat.
465	Milk	4% deficient in milk fat.
466	Milk	2% deficient in milk fat.
711	Milk	5% deficient in milk fat.
712	Milk	2% deficient in milk fat.
555	Milk	5% deficient in milk fat.
16	Cream Savoy's	Filling consisted of fat other than milk fat.
51	Cream Buns	Filling consisted of fat other than milk fat.
152	Mercury Ointment	63% deficient in mercury.
153	Sweet Spirit of Nitre	29% deficient in Ethyl Nitrite.
154	Mercury Ointment	Consisted wholly of Ammoniated Mercury Ointment.

Legal proceedings under Section 2 of the Merchandise Marks Act, 1887, were also instituted against a local confectioner for applying by means of a label a false trade description to goods, viz., applying the description "Fresh Cream Fancies" to confectionery which did not contain fresh cream. A fine of £1 and costs was imposed.

Examination of Milk for Dirt.—No samples of milk were submitted to the Public Analyst for examination for dirt, but 150 samples taken by the Department in connection with the Better Milk Competition were examined by the sediment tester. The discs are mounted and framed and form a permanent record of the progress made each year in clean milk production.

The Public Health (Condensed Milk) Regulations, 1923 and 1927.—No infringements of these Regulations were found during the year.

The Public Health (Dried Milk) Regulations, 1923 and 1927.—No infringements of these Regulations were found during the year.

Artificial Cream Act, 1929.—No premises are registered under this Act in St. Helens and no infringements were found.

Ice Cream Premises.—Under the St. Helens Corporation Act, 1933, manufacturers and vendors of ice cream and the premises used by them must now be registered by the Local Authority, who have power either to refuse registration or to cancel registration.

The following are the particulars of registrations at the end of the year :—

Manufacturers and Vendors	.....	.....	.....	.....	42
Vendors only	.....	.....	.....	.....	42
Premises for manufacture and sale	.....	.....	.....	.....	41
Premises for sale only	.....	.....	.....	.....	41

A total of 225 visits of inspection were made during the year.

Much of the ice cream sold in St. Helens is distributed from cartons and pre-packed wrappers which are stored in electric refrigerators pending sale, and in many instances where the ice cream is retailed from bulk it is manufactured and sold from electric refrigerators. In one instance the 'mix' is pasteurised before freezing.

Four samples of ice cream were taken during the year for bacteriological examination with the following results :—

<i>Sample No.</i>	<i>Bacteria per c.c.</i>	<i>Presence or absence of Coliform bacillus in 1/100th c.c.</i>
265	Uncountable.	Present.
266	Uncountable.	Present.
342	54,000	Absent.
343	960	Absent.

Despite much advisory work, many manufacturers of ice cream in St. Helens do not yet realise the importance of the steam sterilisation of utensils and equipment.

Public Health (Preservatives in Food) Regulations.—All samples submitted to the Public Analyst under the Food and Drugs (Adulteration) Act, 1928, are also examined for the presence of preservatives.

One sample of pasteurised milk was examined for the presence of copper but no trace of this metal was found.

Fertilisers and Feeding Stuffs Act, 1926.—12 informal samples of fertilisers and feeding stuffs were taken under the above Act, during 1936, and all were found to be genuine.

No infringements of the Act in respect of labelling were found during the year.

Pharmacy and Poisons Act, 1933.—This Act, which came into full effect on May 1st, 1936, repeals all previous legislation relating to the sale, supply, storage and transport of poisons. One of the main provisions of the Act is that poisons are now divided into two lists known respectively as Part I and Part II. Poisons contained in Part I of the Poisons List are those the sale of which is restricted to registered pharmacists. Poisons in Part II of the Poisons List are those in common use, such as disinfectants, insecticides for cleansing and for horticultural purposes, etc., and these may also be sold by persons who are registered with the Local Authority for the purpose. It is the duty of the Local Authority to keep a list of such persons and premises and to supervise them, and persons other than registered pharmacists desiring to sell such poisons must apply to the Local Authority to have their names entered on this list. At the end of the year there were 20 persons entered in the Local Authority's list, and the number of premises concerned was 48.

BAKEHOUSES.—There are 91 bakehouses on the Register, one of which is underground. Mechanical power is used in 32 instances.

185 visits of inspection were made during the year and 6 sanitary defects were found and remedied.

DISEASES OF ANIMALS ACTS.—Tuberculosis Order, 1925.—During the year four notifications were received under the Tuberculosis Order, 1925, of cattle within the borough suspected to be suffering from tuberculosis. Of these, one was discovered by the Council's Veterinary Inspector and three were discovered as a result of the routine bacteriological examination of milk in St. Helens. In three instances slaughter was carried out by the Council at the Public Abattoir and evidence of tuberculosis was found on post-mortem examination. The remaining animal was slaughtered voluntarily by the owner.

Particulars relative to the animals slaughtered by the Council, the form of the suspected disease, and the classification of the stage of the disease as revealed at the post-mortem examination, are given in the following summary :—

Description	Form of Suspected Disease.	Classification of the disease at post-mortem examination.
Cow in Milk	Tuberculous Emaciation	Advanced.
do.	Giving tuberculous milk	do.
do.	do.	do.

Legal proceedings under the Order were instituted against the farmer for failing to notify the cow suspected to be suffering from tuberculous emaciation, and a fine of £10/0/0 was imposed.

Anthrax.—No case of Anthrax was reported during the year.

Swine Fever.—27 cases of suspected Swine Fever were reported during the year. In no instance was the disease confirmed by the Ministry of Agriculture.

Markets, Sales and Lairs Order of 1925.—There are two markets for the sale of animals in St. Helens. One of these is situated behind the Royal Raven Hotel, Church Street, and the other between 5 and 21 Parr Street. The former is now little used.

In each case the lairs used in connection with these markets are licensed with the Local Authority.

XIV.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The water supply is from deep wells and boreholes in new red sandstone at Eccleston Hill, Whiston, Knowsley, Kirkby, and Melling, supplemented by a supply from the Liverpool Corporation Rivington Main, and water from red sandstone above the coal measures at Collins Green. The water from the last mentioned source is subjected to chlorination and high pressure filtration before distribution.

During the year important extensions of water mains have been carried out in Sutton Heath Road and Eltonhead Road.

The water is of a high degree of purity, though hard. The total hardness is reduced from 22.6 degrees to 10.5 by a softening process before distribution.

Six samples of water taken from taps of dwelling-houses in the Cowley Hill, Sutton and Thatto Heath districts were taken for bacteriological examination during the year. The following are the results of these examinations :—

	Bacteria per c.c.		B. Coli.
	37°C	22°C	
Sample No. 1.	204	212	Absent in 100 c.c.
Sample No. 2.	0	8	Absent in 100 c.c.
Sample No. 3.	5	10	Absent in 100 c.c.
Sample No. 4.	46	68	Present in 5 c.c. and over.
Sample No. 5.	24	66	Present in 2 c.c. and over.
Sample No. 6.	28	120	Present in 5 c.c. and over.

RIVERS AND STREAMS.—The position outlined under this heading in previous Reports is substantially unchanged.

SEWERS AND SEWAGE DISPOSAL.—During the year the new sewage disposal plant for the Sutton Manor district was completed and brought into use, thus removing a long-standing complaint of pollution of one of the streams of the borough.

At the end of the year considerable progress had been made by the Borough Engineer's Department in the collection of data for the proposed re-sewering of those parts of the borough not at present satisfactorily sewered and also for the proposed new Sewage Works, and preliminary plans for several of the new main intercepting sewers have been prepared.

Apart from the problem of the pollution of canals and streams at present occurring, one of the most serious problems is the erection of houses in districts where no sewers are available. These are at present being provided with septic tanks and if nuisance is to be avoided, constant supervision of these will be necessary.

CLOSET ACCOMMODATION.—During the year two privy middens were converted to the fresh water carriage system. In addition 18 houses provided with pail closets and 20 houses with privy middens were demolished under the Housing Act, 1930. It is estimated there are still 420 houses with privy middens and 104 houses with pail closets, but demolition or clearance orders are operative in respect of 87 of these and, when complied with, a further 60 pail closets and 27 privy middens will have been abolished. As the slum clearance programme proceeds there will be a still further reduction in the number of these closets.

There are also 58 pail closets and one privy midden at various schools and works.

SCAVENGING.—The removal and disposal of house refuse is carried out by the Borough Engineer's Department. There are no refuse disposal works.

The following shows the percentage amount of refuse disposed of on each tip at present in use :—

Thatto Heath	.....	.....	.....	.....	.....	15%
Kurtz Brickworks	.....	.....	.....	.....	.....	40%
Parr Depot	.....	.....	.....	.....	.....	8%
Sorogold Street	.....	.....	.....	.....	.....	25%
Sutton Manor	.....	.....	.....	.....	.....	2%
Strickland Street	.....	.....	.....	.....	.....	10%

During 1936, 275 ashpits were abolished and 301 galvanised metal dustbins were provided, as compared with 299 and 343 respectively for the previous year.

SANITARY INSPECTION OF THE AREA.—The total number of visits paid by sanitary inspectors during the year was 35,304. The nature of these inspections is shown in Table 38, and Table 39 contains a list of the notices served and the results of such notices.

TABLE 38.

Number and nature of inspections during 1936.
Complaints of Nuisances.

Number of Complaints Investigated :—

1. Housing Defects	.....	.....	.....	.....	.....	905
2. Choked and Defective Drains	.....	.....	.....	.....	.....	416
3. Emission of Smoke	.....	.....	.....	.....	.....	4
4. Accumulations of Offensive Matter	.....	.....	.....	.....	.....	21
5. Miscellaneous	.....	.....	.....	.....	.....	121

Inspections re Sanitation and Food Supply.

Dwelling Houses inspected	.....	.....	.....	.....	.....	2464
Common Lodging Houses	.....	.....	.....	.....	.....	164
Houses-let-in-lodgings	.....	.....	.....	.....	.....	22
Common yards, back-roads and passages	.....	.....	.....	.....	.....	720
Horse-manure middensteads	.....	.....	.....	.....	.....	379
Fried Fish Shops	.....	.....	.....	.....	.....	180
Fishmongers and Greengrocers	.....	.....	.....	.....	.....	856
Butchers' Shops	.....	.....	.....	.....	.....	698
Ice Cream Shops	.....	.....	.....	.....	.....	225
Factories	.....	.....	.....	.....	.....	273
Workshops	.....	.....	.....	.....	.....	685
Bakehouses	.....	.....	.....	.....	.....	185
Workplaces	.....	.....	.....	.....	.....	12
Offensive Trades	.....	.....	.....	.....	.....	95
Private Slaughterhouses	.....	.....	.....	.....	.....	336
Food Preparing and Storing Places	.....	.....	.....	.....	.....	804
Places of Public Entertainment	.....	.....	.....	.....	.....	112
Tents, Vans and Sheds	.....	.....	.....	.....	.....	139
Schools	.....	.....	.....	.....	.....	—

Table 38—Continued.

Inspections re Sanitation and Food Supply.

Testing Drains :—							
By Smoke	.....	.....	.....	.....	.....	.....	71
By Water	.....	.....	.....	.....	.....	.....	33
By Coloured Water	.....	.....	.....	.....	.....	.....	19
By Breaking Down	.....	.....	.....	.....	.....	.....	34
Ashes Receptacles	.....	.....	.....	.....	.....	.....	780
Dairies, Cowsheds and Milkshops	.....	.....	.....	.....	.....	.....	632
Samples of Milk procured for :—							
Chemical Analysis	.....	.....	.....	.....	.....	.....	639
Bacteriological Examination	.....	.....	.....	.....	.....	.....	167
Bacterial Content	.....	.....	.....	.....	.....	.....	349
Sediment	.....	.....	.....	.....	.....	.....	150
Samples of Other Food and Drugs under the Food & Drugs							
(Adulteration) Act, 1928, etc.	.....	.....	.....	.....	.....	.....	211
Samples of Fertilisers and Feeding Stuffs	.....	.....	.....	.....	.....	.....	12
Samples of Sewage for Analysis	.....	.....	.....	.....	.....	.....	1
Conversions	.....	.....	.....	.....	.....	.....	4
Samples of Water procured	.....	.....	.....	.....	.....	.....	6
Insufficient Water Supply	.....	.....	.....	.....	.....	.....	15
Smoke Observations	.....	.....	.....	.....	.....	.....	3
Visits to Glass Works (Straw Sterilization)	.....	.....	.....	.....	.....	.....	47
Enquiries re Brokers' Licences	.....	.....	.....	.....	.....	.....	31
Visits to work in progress (P.H. Acts, Housing Acts, Conversions, etc.)	.....	.....	.....	.....	.....	.....	18,110
Rag Flock Acts	.....	.....	.....	.....	.....	.....	—
Sanitary Accommodation in Shops	.....	.....	.....	.....	.....	.....	—
Rats and Mice (Destruction) Act	.....	.....	.....	.....	.....	.....	152
Pharmacy and Poisons Act	.....	.....	.....	.....	.....	.....	297
Pigstyes	.....	.....	.....	.....	.....	.....	32
Miscellaneous Visits	.....	.....	.....	.....	.....	.....	5,160
							35,304

TABLE 39.

Number of defects for which notices were served during 1936, and results.

Subject of Notice	Pre-liminary Notices	Statutory Notices	Number complied with	Number outstanding at end of year	Prosecutions
Ditches requiring cleansing	—	—	—	—	—
Defective drains	200	76	184	31	—
Insufficient surface water drainage	—	—	—	—	—
Choked drains	181	11	176	15	—
Insufficient closet accommodation	—	—	1	—	—
Absence of proper sink	94	32	91	32	—
Conversion of trough closets to water closets	—	—	—	—	—
Defective trough closets	—	—	—	—	—
Defective water closets	318	78	339	15	—
Defective pail closets	4	—	—	4	—
Defective privy middens	5	—	3	5	—
Defective gullies and dishstones	66	18	65	4	—
Defective sink waste pipes	310	136	311	6	—
Defective W.C. cisterns and flushing fittings	132	61	126	18	—
Defective urinals	1	—	1	1	—
Defective soil pipes	6	—	10	2	—
Sink waste pipes connected with drains	—	—	—	—	—
Yards and passages unpaved	2	—	5	11	—
Defective yard paving	440	124	447	23	—

Table 39.—Continued.

Dampness arising from :—					
Defective roofs	1063	485	1047	69	—
Defective eavesgutters	1131	315	1032	105	—
Defective downspouts	393	194	383	58	—
Defective external pointing	1153	323	1075	85	—
Insufficient lighting of rooms.....	—	—	—	—	—
Insufficient ventilation of rooms	244	46	242	19	—
Absence of ventilated foodstores	—	—	—	13	—
Unventilated foodstore	—	—	—	—	—
Insufficient water supply	2	—	1	1	—
Defective manure middensteads	8	—	6	5	—
Dwelling houses to be whitewashed	—	—	—	—	—
Defective chimney flues	106	41	97	16	—
Defective ashpits to be repaired	81	10	69	39	—
„ „ to be abolished.....	351	—	275	194	—
Galvanised Metal Dust Bins to be provided	385	—	301	117	—
Absence of ashes accommodation	22	5	24	31	—
Disused ashpits abolished	3	—	3	—	—
Defective window sash-frames and sashcords	1340	480	1325	66	—
Defective floors	840	312	814	93	—
Defective stairs	155	40	155	9	—
Defective internal plaster work	1280	432	1382	45	—
Defective fireplaces	622	247	609	72	—
Defective washboilers	401	168	403	13	—
Defective doors, cupboards, &c.	697	99	707	80	—
Defective gas pipes and fittings	18	4	19	—	—
Defective water pipes and fittings.....	6	—	7	—	—
Defective yard division walls	311	61	324	42	—
Dangerous and defective chimney stacks	61	42	70	7	—
Fractured internal walls	52	8	61	13	—
Defective and bulging external walls	147	56	120	70	—
Filthy condition of premises	36	—	27	9	—
Accumulation of manure or offensive matter	40	3	29	24	—
Keeping of animals, &c.	10	—	8	7	—
To abate overcrowding of dwelling houses	—	—	—	—	—
Miscellaneous	553	171	556	28	—
Contraventions of :—					
Milk and Dairies Order, 1926	41	—	41	—	—
Milk (Special Designations) Order, 1923	2	—	2	—	—
Public Health (Condensed Milk) Regulations, 1923 and 1927	—	—	—	—	—
Artificial Cream Act, 1929	—	—	—	—	—
Public Health (Meat) Regulations, 1924	8	—	8	—	—
Merchandise Marks Act, 1926	44	—	44	—	—
Agricultural Produce (Grading and Marking) Act, 1928	—	—	—	—	—
Sale of Food Order, 1921	—	—	—	—	—
Public Health (Preservatives, &c. in Food) Regulations.....	—	—	—	—	—
Factory and Workshop Acts	—	—	—	—	—
Contraventions of Bye-laws :—					
Common Lodging Houses	—	—	—	—	—
Houses-let-in-lodgings	—	—	—	—	—
Tents, vans, sheds	—	—	—	—	—
Slaughterhouses.....	—	—	—	—	—
Prevention of Nuisances	2	—	11	11	—
Drainage of existing buildings	—	—	—	—	—
	13367	4148	13036	1508	—

Referred to other Departments.

Choked Street Gullies, &c., reported to Borough Engineer.....	40
Waste of water reported to Water Department.....	147
Dangerous structures reported to Borough Engineer	8
Escapes of Coal Gas reported to Gas Department	37
Choked Sewers reported to Borough Engineer	39
Insufficient water supply reported to Water Engineer	4
Unauthorised Erections reported to Borough Engineer	23
Choked Drains, etc. reported to Borough Engineer (Corporation property)	57
Unpaved Passages reported to Borough Engineer	—

During the year, 416 complaints of choked drains were made to the Department. Of this number, 282 drains were freed from obstruction by members of the staff of the sanitary department, thus obviating the necessity for serving notices upon the owners.

SMOKE ABATEMENT.—According to the report upon the Investigation of Atmospheric Pollution issued by the Department of Scientific and Industrial Research for the year ended March 31st, 1936, St. Helens is one of a group of towns which have, over a period of years, been able to record a definite improvement in the degree of pollution of the air.

The following is an excerpt from this report :—

“ St. Helens is one of the places which had a very heavy
 “ deposit when observations began in 1917-18, and this reduced
 “ considerably during the interval up to 1935-36. The reduction
 “ is shown in all three items of the deposit (total solids, sul-
 “ phates and tar). The total solids deposited have fallen from
 “ 612 tons per square mile in 1917-18 to 447 in 1935-36. This,
 “ however, has not been a continuous improvement. The fall
 “ was steady from 1917-18 to 1920-21, when it reached 371 tons
 “ per square mile, that is, it was nearly halved in the course of
 “ four years. The deposit then showed a tendency to rise,
 “ with some variations up and down, and in 1925-26 reached
 “ 759 tons per square mile when it began to fall again, reaching
 “ its lowest figure of 309 tons, in 1933-34, rising again to reach
 “ 447 in the current year.

“ The records of sulphates are somewhat similar, but
 “ do not follow exactly the deposit of total solids. After falling

“ from 99 tons in 1917-18 to 34 tons in 1921-22 the deposit
 “ rose again to 82 tons in 1925-26, and then fell with some
 “ ups and downs to 31 during the current year.

“ Tar fell from 13 tons in 1917-18 to 4 tons in 1920-21,
 “ rising again to 12 tons in 1925-26. It then fell to 5 tons in
 “ 1929-30 and rose again, reaching 8 tons during the current
 “ year.”

Though some satisfaction may be derived from the Department's conclusions, it will be observed from the following table, also extracted from the report, that the position during the year 1935-36, was not quite so satisfactory as in the previous year, and was considerably worse than in the years since 1929-30. This may in part be due to greater industrial activity and the number of new houses erected, but indicates the need for further activity towards the reduction of this nuisance.

**Table Showing the amount of Impurity Deposited
 in Tons per Square Mile.**

(Annual Total).

ST. HELENS.

<i>Year</i>	<i>Total Solids</i>	<i>Sulphates</i>	<i>Tar</i>
1917-18	612	99	13
1918-19	533	109	15
1919-20	414	52	5
1920-21	371	59	4
1921-22	378	34	5
1922-23	378	38	6
1923-24	416	59	6
1924-25	382	56	4
1925-26	759	82	12
1926-27	572	70	7
1927-28	562	81	7
1928-29	564	61	6

<i>Year</i>	<i>Total Solids</i>	<i>Sulphates</i>	<i>Tar</i>
1929-30	391	55	5
1930-31	355	40	6
1931-32	—	45	—
1932-33	379	38	8
1933-34	309	32	7
1934-35	431	30	9
1935-36	447	31	8

FACTORIES AND WORKSHOPS.—(a) Factories—Four defects remediable under the Public Health Acts were reported by H.M. Inspector of Factories, and these were remedied during the year.

(b) Workshops—The number of workshops registered is 155, and Table 40 shows the classes of such workshops.

Table 40.
Registered workshops.

Workshops on the Register (s. 131) at the end of the year.	Number.
Dressmakers and mantle making	4
Milliners	6
Tailors	10
Hosiery Knitters	—
Joiners, builders, cabinet-makers and plumbers, etc.	22
Blacksmiths, wheelwrights, coach builders and masons	7
Weighing machine repairers	2
Cloggers and boot repairers	53
Cycle Makers	3
Tripe Dressers	2
Herbal Brewers	3
Seltzogene charge maker	1
Cab washing	2
Saddler	1
Sundries	27
Ice Cream Makers	4
Workshop Laundries	8
Total Number of Workshops on Register	155

(c) Outworkers—No lists of outworkers were received from employers during the year.

Table 41 gives particulars of the administrative action taken under the Factory and Workshop Act, 1901.

Table 41.

Factories, Workshops and Workplaces.

1.—Inspection of Factories, Workshops, and Workplaces, including
Inspections made by Sanitary Inspectors or Inspectors of
Nuisances.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories (including Factory Laundries)	273	8	—
Workshops (including Workshop Laundries)	685	10	—
Workplaces (other than Outworkers' premises)	12	—	—
Totals	970	18	—

Table 41—Continued.

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of offences in respect of which Prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)
<i>Nuisances under the Public Health Acts—*</i>				
Want of cleanliness	12	12	—	—
Want of Ventilation	—	—	—	—
Other nuisances.....	4	4	—	—
Sanitary accommodation— insufficient	2	2	—	—
unsuitable or defective	2	2	—	—
not separate for sexes	—	—	—	—
<i>Offences under the Factory and Work- shop Acts—</i>				
Illegal occupation of underground bakehouse	—	—	—	—
Totals	20	20	—	—

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901,
as remediable under the Public Health Acts.

3.—Outwork in unwholesome premises, Section 108—Nil.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS.—

Offensive Trades.—There are 5 offensive trades in the borough, consisting of 4 tripe boilers and 1 gutscraper.

During the year 95 visits were paid to premises of this nature.

Tents, Vans, Sheds, etc.—At the end of 1935, 50 of these structures were known to the Department to be used for human habitation. Of these, 42 were, early in the current year, represented under the Housing Acts as unfit for human habitation and other two will be similarly dealt with. With one exception the remainder have either become unoccupied or have been converted to some other use.

It is not anticipated that there will be any further development in St. Helens of this form of human habitation, but strict supervision is being maintained by the Department and, if found to be necessary, the provisions of the St. Helens Corporation Act, 1933, for controlling this class of structures should be rigidly enforced.

Regular inspections of these premises have been made by the staff during the year, and 139 visits were paid.

Houses-Let-in-Lodgings.—Revised Byelaws for the control of houses-let-in-lodgings were confirmed by the Minister of Health on the 31st July, 1935, and came into operation on the 1st September, 1935.

With the previous byelaws, many premises known to be used for this purpose could not be dealt with owing to their rateable value and rents being above prescribed limits. This limiting clause does not appear in the revised byelaws.

Houses-let-in-lodgings in St. Helens are much in need of improvement, and it is unfortunate that owing to pressure of work as a result of slum clearance and other activities, this work has had to be postponed.

Common Lodging Houses.—The number of premises registered as Common Lodging Houses at the end of the year was 5.

Revised Byelaws for controlling common lodging houses were confirmed by the Minister of Health on the 22nd July, 1936, and came into operation on the 1st September, 1936.

All registered premises were regularly inspected and 164 visits were paid for this purpose.

Byelaws with respect to Nuisances.—These Byelaws, which were obtained in 1930, deal with the prevention of nuisances arising from snow, filth, dust, ashes, and rubbish, and for the prevention of the keeping of animals on any premises so as to be injurious to health.

The byelaws have proved very effective for the control of pig-keeping. There were 40 persons in the borough known to be engaged in the keeping of pigs at the end of the year.

OTHER SANITARY CONDITIONS.—Rats and Mice Destruction Act, 1919.—The duties of Rat Officer under the Rats and Mice Destruction Act, 1919, are now carried out by the Chief Sanitary Inspector.

46 complaints of infestation of premises by rats were received during the year. As in previous years it was found that the chief cause of infestation was either defective drains or sewers in the neighbourhood of the premises concerned. When these defects were made good no further complaints were received.

St. Helens appears to be in a favourable position in regard to rat infestation, and for this reason no extensive propaganda was carried out during the National Rat Week; but the following activities were undertaken :—

- (1) Display of 200 Rat Posters at the principal bill-posting stations in the borough.

- (2) Distribution of 1,000 copies of the Ministry of Agriculture and Fisheries Advisory Leaflet No. 49 to farmers, small-holders, allotment holders, pig-keepers, occupants of stable premises, and at the principal works premises in the borough.
- (3) Copies of the Ministry of Agriculture and Fisheries pamphlet on *How to Kill Rats* were available for issue on request.

No requests for advice or assistance were received by the Department during the National Rat Week.

Shops Act, 1934.—This Act, which came into operation on December 30th, 1934, places upon the Sanitary Authority the duty of enforcing the provisions of the Act relating to the ventilation and temperature of shops and to the provision of sanitary conveniences.

A survey of all the shop premises in the borough for the purpose of enforcing these requirements was commenced during 1935, but had to be postponed owing to pressure of work in connection with slum clearance.

Places of Public Entertainment.—112 visits were paid to places of public entertainment during 1936. The condition of these premises throughout the year was found to be generally satisfactory.

Canal Boats.—There is only one canal in St. Helens, viz., the St. Helens Canal, and this has not been used for traffic for a number of years. An order authorising the abandonment of this canal was made by the Ministry of Transport on April 2nd, 1931.

Mortuary.—A public mortuary with post-mortem room is maintained behind the Town Hall and is under the supervision of the Medical Officer of Health. During the year 44 bodies were received into the mortuary and 26 post-mortem examinations were conducted.

Arrangements for the Disposal of the Dead.—The cemetery provided and maintained by the Local Authority is 44.22 acres in extent, of which 22.75 acres are still available for burial purposes. In addition there are 23.80 acres of land adjoining which can be utilised for extension purposes.

There are private cemeteries still in use in connection with the following churches :—

St. Peter's, Parr ; St. Nicholas's, Sutton ; St. Thomas's, Windsor Road ; St. Anne's, Sutton ; and Windleshaw Abbey.

Swimming Baths.—Indoor swimming baths, situate in Boundary Road, are maintained by the Corporation. There are two plunge-baths and the method of the purification of the water is by means of continuous filtration and chlorination.

The Rag Flock Acts, 1911 & 1918.—No sample of rag flock was taken during the year.

Sanitary Condition of Schools.—During 1936 there were 40 public elementary schools, with 80 departments, in the borough.

Conditions in council schools are on the whole good, all these being of fairly recent construction. In some of the older schools, however, pail closets are still in existence, whilst in others trough closets with automatic flushing cisterns are still being used. I would urge that wherever possible the remainder of the unsatisfactory types of closets should be replaced.

STATISTICS.—Of the 722 houses erected during 1936, 116 were erected by the Local Authority and 606 by private or commercial enterprise.

Table 42 shows the number of dwelling-houses erected in each ward since 1904.

Table 42.

The wards of the borough in which dwelling-houses have been erected during the years mentioned.

Year	North Eccles- ton	South Eccles- ton	Central	North Windle	South Windle	Hard- shaw	East Sutton	West Sutton	Parr	Total
1904	105	53	7	37	18	47	59	1	70	397
1905	19	93	1	44	16	90	42	10	54	369
1906	11	51	—	31	13	31	73	24	39	273
1907	22	38	—	26	—	22	77	3	29	217
1908	2	52	—	4	2	27	22	—	20	129
1909	—	36	—	10	—	10	6	3	10	75
1910	2	31	—	10	—	24	18	—	25	110
1911	14	20	—	—	—	30	75	26	12	177
1912	35	28	—	4	—	26	28	58	1	180
1913	10	31	—	—	3	19	14	99	6	182
1914	10	42	—	9	16	14	20	63	29	203
1915	6	9	—	26	1	2	8	25	27	104
1916	—	12	—	1	1	2	4	16	16	52
1917	—	—	—	—	—	—	—	9	—	9
1918	—	—	—	—	—	—	—	3	—	3
1919	—	1	3	—	—	—	—	—	—	4
1920	—	—	—	—	—	—	—	—	—	—
1921	—	1	—	41	—	—	—	6	—	48
1922	—	1	—	164	—	—	—	—	—	165
1923	1	5	2	2	—	2	—	33	—	45
1924	2	24	—	25	—	—	2	45	5	103
1925	8	76	—	90	—	1	9	48	15	247
1926	19	172	—	106	16	4	19	63	51	450
1927	33	189	—	125	3	68	160	14	56	648
1928	12	116	3	237	5	2	97	13	335	820
1929	4	219	—	35	—	21	26	5	185	495
1930	24	148	1	39	—	53	41	3	54	363
1931	79	61	—	52	1	15	45	29	17	299
1932	449	77	1	10	—	27	69	37	3	673
1933	115	56	2	20	—	34	69	1	46	343
*1934	41	43	—	52	—	20	100	13	74	343
1935	74	238	4	104	3	32	133	59	85	732
1936	27	72	24	144	2	37	121	56	239	722

*Ward boundaries altered.

A statement as to the number of houses erected with and without State assistance, together with a summary of the work of the Department in regard to housing, is given in Table 43.

Table 43.

Housing.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b))	722
(b) With State assistance under the Housing Acts :	
(i) By the Local Authority	106
(ii) By private or commercial enterprise	—
(c) Without State Assistance under the Housing Acts :	
(i) By the Local Authority.....	10
(ii) By private or commercial enterprise.....	606

1.—Inspection of dwelling-houses during the year :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	2464
(b) Number of inspections made for the purpose.....	20574
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	796
(b) Number of inspections made for the purpose	2981
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.....	401
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation.....	2063

2.—Remedy of Defects during the year without service of formal notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers.....	1514
--	------

3.—Action under Statutory Powers during the year :—

A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—

- | | |
|--|------|
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs..... | nil. |
| (2) Number of dwelling-houses which were rendered fit after service of formal notices :— | |
| (a) By owners | nil. |
| (b) By Local Authority in default of owners..... | nil. |

B.—Proceedings under Public Health Acts :—

- | | |
|--|------|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | 511 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices :— | |
| (a) By owners | 487 |
| (b) By Local Authority in default of owners..... | nil. |

C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

- | | |
|--|----|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made..... | 35 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders..... | 15 |

D.—Proceedings under Section 20 of the Housing Act, 1930 :—

- | | |
|---|------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | nil. |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | nil. |

4.—Housing Act, 1935. Overcrowding :—

- | | |
|---|-------|
| A. (i) Number of dwellings overcrowded at the end of the year | 2,138 |
|---|-------|

	(ii)	Number of families dwelling therein	* 2,694
	(iii)	Number of persons dwelling therein	17,585
B.		Number of new cases of overcrowding reported during the year	117
C.	(i)	Number of cases of overcrowding relieved during the year	nil.
	(ii)	Number of persons concerned in such cases	nil.
D.		Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	nil.
E.		Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	—

**In arriving at this figure, 260 families of married children living with their parents, and 60 lodger families, have been regarded as separate families.*

SLUM CLEARANCE.—As will be seen from the following table which records the Department's activities in regard to slum clearance each year since the passing of the Housing Act, 1930, the number of houses dealt with during 1936 was considerably greater than in any previous year :—

NUMBER OF CLEARANCE AREAS AND PREMISES REPRESENTED SINCE THE PASSING OF THE HOUSING ACT, 1930.

Year	Clearance Areas	Houses in Clearance Areas	Individual Unfit Houses	Back-to-Back Houses	Caravans	Total No. Houses Represented
1931	—	—	—	—	—	—
1932	3	39	—	—	—	39
1933	—	—	43	—	—	43
1934	11	91	6	52	—	149
1935	13	55	36	16	1	108
1936	7	194	37	20	—	251

It is proposed to represent a further number of houses during the current year, and it is hoped that then the worst housing conditions in St. Helens will have been dealt with. As stated in my Annual Report for last year, however, with further deterioration other houses will from time to time fall below the general housing standard and slum clearance will be a normal activity of the Department for many years to come.

With the passing of the Housing Act, 1935, immediate opportunity was taken during the year to deal with the caravans and other similar structures in the borough used for human habitation, and representations regarding these were made early in the current year.

During the year the Greenbank Clearance Area, containing 146 houses, was represented. In order that the area, when cleared, might be satisfactorily developed, the necessary steps were taken to acquire much of the area and certain lands adjoining. This is the largest scheme yet undertaken by the Department, and with the clearance of this area a much needed public health improvement will have been effected.

Clearance Areas.—The following are the particulars of the Clearance Areas dealt with during 1936 :—

Waterloo Street Area—Official Representation made on 24th March, 1936, and Clearance Order made 3rd June, 1936 ; confirmed 11th December, 1936. No. of dwellinghouses, 15. The properties included were Nos. 17, 19, 21, 23, 25, 27 and 29, Waterloo Street ; Nos. 3, 5, 7, 9, 11 and 13, Cross Street, and Nos. 1 and 2, Court No. 1, Waterloo Street.

Eltonhead Road Area—Official Representation made on 24th March, 1936, and Clearance Order made 3rd June, 1936 ; confirmed 11th December, 1936. No. of dwellinghouses, 8. The properties included were Nos. 668, 670, 672 and 674, Eltonhead Road, and Nos. 1, 3, 5 and 7, Swaine Street.

Sutton Heath Road Area—Official Representation made on 24th March, 1936, and Clearance Order made 3rd June, 1936 ; confirmed 11th December, 1936. No. of dwellinghouses, 3. The properties included were Nos. 1, 3 and 5, off Sutton Heath Road.

Peter Street Area—Official Representation made on 28th April, 1936, and Clearance Order made 1st July, 1936 ; confirmed 11th December, 1936. No. of dwellinghouses, 3. The properties included were Nos. 1, 3 and 5, Peter Street.

Heath Street Area—Official Representation made on 28th April, 1936, and Clearance Order made 1st July, 1936 ; confirmed 11th December, 1936. No. of dwellinghouses, 6. The properties included were Nos. 49 and 51, Scholes Lane, and Nos. 4, 6, 8 and 10, Heath Street.

Greenbank Area—Official Representation of this area, which contained 146 dwellinghouses, was made on the 22nd September, 1936. A Compulsory Purchase Order in respect of 102 houses and a Clearance Order in respect of the remaining 44 houses were made on 2nd December, 1936. A Compulsory Purchase Order was also made in respect of certain lands adjoining the area. All Orders were confirmed on August 11th, 1937. The properties included were :—

Clearance Order :—

4, 6, 8, 10, 12, 14, 16, 18, 20, 17, 19, 21, 23, 25, 27, 29,
31, 33, 39, 41, 43, 61, 63, 65, 67, 69, 71, 73, 75,
77, 79, 81, 83 and 85, Bold Street.
48, 50, 49 and 51, Liverpool Street.
22, 24, 26, 28, 30 and 32, Canal Street.

Compulsory Purchase Order :—

8, 10, 12, 14, 16 Front, 16 Back, 18 Front, 18 Back, 20,
22, 24, 26, 28, 30, 32, 34/36 and 15/17, Sandfield
Crescent.
2, 4, 6, 8, 10, 12, 14, 16, 18, 5, 7, 9, 11, 13, 15, 17 and
19, Anne Street.
6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 7, 9,
23, 25 and 27, Mount Street.
2 and 4, St. James Street.
22, 24, 26, 28, 30, 32, 36, 38, 40, 42, 44, 46, 48, 52, 64,
66, 68, 70, 72, 74, 76 and 78, Bold Street.

6, 8, 10, 12, 14, 16, 18, 20, 22, 26, 28, 30, 38, 40/42,
44, 29, 31, 33, 35, 41, 43 and 45, Liverpool Street.

19, Sandfield Crescent/23, Anne Street.

32, Liverpool Street/4, Mount Street.

24, Liverpool Street/1, Anne Street.

Compulsory Purchase Order—Land Adjoining the Area :—

7 and 27, Liverpool Street ; 9 and 11, Copperas Street.

Tontine Sreet Area—Official Representation made on 22nd September, 1936. No Clearance Order was made, the property being owned by the Corporation. No. of dwellinghouses, 13. The properties included were Nos. 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24 and 26, Tontine Street.

Individual Unfit Houses.—Official Representations under the Housing Acts were also made regarding the following 37 individual unfit houses. Demolition Orders were made in respect of 35 of these premises, and in 2 instances undertakings offered by owners not to use the premises for human habitation were accepted by the Council.

<i>Description of dwellinghouse</i>	<i>Date Represented</i>	<i>Date Demolition Order made</i>
46, Naylor Street South	24/3/36	6/5/36
7, Back South Street	24/3/36	6/5/36
Dwellinghouse occupied by Daniel Dingsdale, known as No. 1, Rose Cottages, Thatto Heath	24/3/36	6/5/36
Dwellinghouse occupied by John Hill, known as No. 3, Rose Cottages, Thatto Heath	24/3/36	6/5/36
Dwellinghouse occupied by Arthur James Wainwright, Nod. 239, Marshalls Cross Road ; also known as Elm Lodge, Marshalls Cross Road	24/3/36	6/5/36
17, Tontine Street	24/3/36	6/5/36
120, Lea Green Road	24/3/36	3/6/36
122, Lea Green Road	24/3/36	3/6/36

<i>Description of dwellinghouse</i>	<i>Date Represented</i>	<i>Date Demolition Order made</i>
Dwellinghouse occupied by Matthew Brannelly, known as No. 2, off Lea Green Road ; also known as Pear Tree Cottage	24/3/36	1/7/36
Dwellinghouse occupied by John Owen, known as No. 4, off Lea Green Road ; also known as Pear Tree Cottage	24/3/36	1/7/36
47, Raglan Street	24/3/36	6/5/36
1, Jockeys Brow	24/3/36	6/5/36
2, Jockeys Brow	24/3/36	6/5/36
3, Jockeys Brow	24/3/36	6/5/36
4, Jockeys Brow	24/3/36	6/5/36
5, Jockeys Brow	24/3/36	6/5/36
4, Johnson Street	24/3/36	6/5/36
32, Dentons Green Lane	24/3/36	6/5/36
34, Dentons Green Lane	24/3/36	6/5/36
36, Dentons Green Lane	24/3/36	6/5/36
7, Court No. 1, Russell Street	24/3/36	6/5/36
8, Court No. 1, Russell Street	24/3/36	6/5/36
9, Court No. 1, Russell Street	24/3/36	6/5/36
10, Court No. 1, Russell Street	24/3/36	6/5/36
11, Court No. 1, Russell Street	24/3/36	6/5/36
3, Court No. 2, Russell Street	24/3/36	6/5/36
4, Court No. 2, Russell Street	24/3/36	6/5/36
2, Court No. 3, Russell Street	24/3/36	6/5/36
45, Russell Street	24/3/36	6/5/36
47, Russell Street	24/3/36	6/5/36
49, Russell Street	24/3/36	6/5/36
51, Russell Street	24/3/36	6/5/36
10, Dentons Green Lane	24/3/36	Undertaking not to use the house for human habitation accepted by Council on 6/5/36.

<i>Description of dwellinghouse</i>	<i>Date Represented</i>	<i>Date Demolition Order made</i>
129, Knowsley Road	28/4/36	3/6/36
131, Knowsley Road	28/4/36	3/6/36
1, Bromilow Road.....	28/4/36	3/6/36
133, Boardmans Lane	20/10/36	Undertaking not to use the house for human habitation accepted by Council on 2/12/36.

Back-to-Back Houses.—Official Representations under the Housing Acts were also made regarding the following back-to-back houses on the dates mentioned. In all cases undertakings to convert the premises into through houses were accepted by the Council.

23, Front and Back, St. Thomas Street	24/3/36
10, Front and Back Phythian Street	24/3/36
28, Phythian Street ;	} 24/3/36
7, Back Phythian Street ; also known as	
7, Ravenhead Passage.	
30, Phythian Street ;	} 24/3/36
8, Back Phythian Street ; also known as	
8, Ravenhead Passage.	
32, Phythian Street ;	} 24/3/36
9, Back Phythian Street ; also known as	
9, Ravenhead Passage	
34, Phythian Street ;	} 24/3/36
10, Back Phythian Street ; also known as	
10, Ravenhead Passage.	
48, Front and Back Water Street	24/3/36
50, Front and Back Water Street	24/3/36
52, Front and Back Water Street	24/3/36
54, Front and Back Water Street	24/3/36

Re-Housing.—Table No. 44 shows the sites allocated to the end of the year for the re-housing of persons displaced or to be displaced from premises dealt with under all slum clearance schemes since their commencement in 1932.

Disinfestation of Premises and Household Effects.—

In all cases where re-housing takes place from premises dealt with under slum clearance schemes, furniture and household effects are subjected to fumigation by Hydrocyanic Gas before removal into the new houses. This work is carried out by a Contractor. The bedding is subjected to steam disinfection at the Council's Isolation Hospital.

During the year, 13 Corporation houses were reported by the Housing Agent to be infested with bugs, and these were sprayed with an insecticide. Where other houses were found to be infested, advice was given as to the best methods of eradication and the premises kept under observation until free from infestation.

Provision of Furniture.—A scheme has now been prepared by the Housing Committee which allows the purchase by necessitous persons displaced from slum clearance schemes of furniture and other household effects on easy payment terms.

Re-Conditioning.—Though a very large proportion of the Department's time has been occupied with work in connection with slum clearance, the importance of the repair and re-conditioning of dwellinghouses capable of being made fit has not been lost sight of and the amount of work carried out in this respect during 1936 compares favourably with that of previous years.

It does not yet appear, however, to be generally realised by owners that during the last 20 years or so the standard for housing has of necessity become higher, and it is unfortunate that, whilst many are anxious to improve their property and keep their houses in a reasonable state of repair, others seem reluctant to do so. Whilst it is known that owing to financial circumstances some owners have genuine difficulty in complying with notices served, this does not apply in all cases, and unless there is improvement in this respect, statutory action against the persons concerned will have to be taken.

OVERCROWDING—Survey.—The Overcrowding Survey which commenced on December 9th, 1935, was completed on March 31st, 1936.

Of the 24,479 houses which it was estimated there were at

that time in the borough, particulars in respect of 23,821 were obtained during the period of the survey.

The following is a general analysis of the results of the survey :

Estimated No. of houses in the borough	24,479
Total No. of houses surveyed, including unoccupied houses	23,821
Total No. of houses found to be <i>Overcrowded</i>	2,021
Percentage of houses found to be <i>Overcrowded</i>	8.48%
Total No. of families found to be living in overcrowded conditions	2,101
Percentage of families found to be living in overcrowded conditions	8.82%

WARDS.

Ward	No. of Houses Surveyed	Houses Overcrowded		Families Overcrowded	
		No.	%	No.	%
Parr	2583	347	13.43	359	13.88
East Sutton	3059	261	8.53	267	8.85
West Sutton	2529	220	8.69	224	8.86
South Eccleston	2440	198	8.11	215	8.82
North Eccleston	2830	242	8.55	246	8.70
Central	2502	170	6.79	179	7.07
Hardshaw	2641	281	10.63	290	10.87
South Windle	2533	216	8.52	226	8.86
North Windle	2704	86	3.18	95	3.55
Total	23821	2021	8.48%	2101	8.82%

St. Helens Corporation Houses (included in the Wards above)	No. of Houses Surveyed	Houses Overcrowded		Families Overcrowded	
		No.	%	No.	%
	3010	366	12.16	388	12.68

Slum Clearance Programme (included in Wards above).	No. of Houses Surveyed	Houses Overcrowded		Families Overcrowded	
		No.	%	No.	%
	201 including 7 unoccupied houses	68	33.83	68	34.17

A report giving a more detailed analysis was submitted to the Health and Housing Committees on May 26th, 1936, and this, together with the principal form prepared in connection with the Survey is printed in the Appendix.

Re-Housing.—It will be seen from the detailed analysis report above-mentioned that the number of new houses required to be provided by the Council for the abatement of overcrowding is 530. For the reasons mentioned in the report this figure is a purely theoretical one, and the number ultimately required will probably be greater. As a first instalment the Housing Committee decided to erect on the Grange Park Housing Site 86 three-bedroomed houses and 40 four-bedroomed houses.

Appointed Days.—By an Order dated June 26th, 1936, the Minister of Health fixed July 1st, 1936, as the appointed day for the purposes of Section 6 of the Housing Act, 1935, (i.e., the date six months after which a summary in the prescribed form of certain provisions of the Act relating to overcrowding must be inserted in rent books); and January 1st, 1937, as the appointed day for the purposes of Sections 3, 4 and 8, of the Act (i.e., the date six months after which overcrowding may constitute an offence).

Information in Rent Books.—Section 6 (2) of the Act makes it the duty of the Local Authority on the application of the landlord or occupier of a dwellinghouse to inform him in writing of the “permitted number of persons” in relation to that house.

In order to comply with this requirement it was necessary to measure the rooms of all working-class houses in the borough which had not been measured during the period of the survey. This was completed during the year, and all applications received before the end of the year were dealt with.

APPENDIX 1.

Report by the Medical Officer of Health on the need for an increase in the medical and health visiting staff of the Medical Officer's Department occasioned by recent increases and proposed increases in the duties of the Department.

(Submitted to the Health and Maternity and Child Welfare Committees on 24th November, 1936).

Reasons for Increased Staff.

During recent years the work of the Maternity and Child Welfare Service and the School Medical Service has been gradually but persistently increasing, but there has been no increase in the medical staff since 1926 (and that increase was mainly for tuberculosis) and, with the exception of the appointment of a Superintendent Health Visitor in April, 1935, no increase in the health visiting staffs since 1921.

Owing, however, to new increases and proposed increases in the work, additional staff will now be required. The most important increases are as follows :—

1. The opening of "The Gables" as a Children's Annexe to the Maternity and Child Welfare Hospital ;
2. Circular 1550 of the Ministry of Health drawing attention to the need for increased supervision of children under school age ;
3. Memorandum from the Ministry of Labour regarding the provision of medical inspection and treatment of boys and girls attending authorised Courses of Instruction (Juvenile Instruction Centres) ;
4. The Midwives Act, 1936, which imposes on the Council the duty of providing a domiciliary service of salaried midwives.

It is *not* proposed in this Report to deal with the increase in staff necessitated by the Midwives Act, as a special staff will have to be appointed for that Service. A special Report will be presented dealing with the arrangements to be made under the Midwives Act.

Dealing with the other three causes of increase of work, I would make the following observations :—

1. Opening of “The Gables.”

With the opening of “The Gables” as a Children’s Annexe, accommodation for maternity cases at the Maternity and Child Welfare Hospital has been increased from 15 to 20, and for children from 22 to 32. During the first 9 months of the current year, 413 maternity cases were dealt with, and the number is increasing. Up to the present the medical side of the work has been carried out by Dr. Hughes, in addition to her many duties as Medical Officer in charge of Maternity and Child Welfare, as Inspector of Midwives, as Medical Officer to 9 clinics, and Medical Inspector of Higher Grade and Secondary School girls. The time available for hospital duties has, therefore, been necessarily limited, and I am of opinion that, in future, more time should be devoted to the Hospital. With the increase in the number of beds, not only will there be increased calls for the medical officer’s services, but as many of the children admitted are cases in which nutrition is at fault, more time should be given by a medical officer to the supervision of these children. In addition to ordinary daily supervision (and emergency work as required) at the Hospital, not less than two complete half days should be devoted by a medical officer to detailed medical work and supervision, e.g., special examinations, minor operations, arranging diets, etc.

2. Supervision of Children under School Age.

In May, 1936, the Ministry of Health issued a circular (Circular 1550) drawing attention to the desirability of adequate supervision of the health of children under school age. The Ministry draws attention to the high percentage of children (in St. Helens during

1935—15%) who are found on entering school to require treatment for some disease or defect which in many cases could have been prevented from developing, or could have been quickly cured, if adequate supervision had been exercised throughout the pre-school years. The ages referred to are usually taken as being between 18 months to 5 years, i.e., children conveniently described as “Toddlers.” It is estimated that the average number of children of these ages in St. Helens is approximately 7,000. There are three methods by which this supervision can be carried out :—

- (a) *Health visiting*.—The Ministry stress the importance of regular and good health visiting of *all* these children. So far as possible this has been done in St. Helens, where the Scheme allows of a minimum of 3 visits annually to children age 1—2 years, and a minimum of 2 visits annually to children age 2—5 years. During recent years, however, it has become increasingly difficult to keep up to that standard. During 1935, 17,250 visits were paid to children age 1—5 years, and when it is realised that there are approximately 8,000 children of that age in St. Helens, and many cases require more than the minimum laid down, it will be seen that more visits are required.
- (b) *Toddlers’ Clinics*.—In many areas special “ Toddler Clinics ” are held at the Child Welfare Centres, and toddlers attend these clinics periodically (say, twice yearly) for examination by the doctor. Any defects discovered are pointed out and treatment arranged, if necessary. In St. Helens, arrangements were commenced in 1935 whereby the last sessions each month of the child welfare clinics at Albion Street, at the Town Hall, and at the Nunn Street Clinic were reserved for toddlers, and since then approximately 600 toddlers have attended at these special sessions. These special sessions are, however, insufficient for the numbers who should attend. Also they are being held at present at the expense of infant welfare sessions. I would suggest,

therefore, that there be special 'Toddlers' Clinics apart from the infant welfare clinics, and that they be held weekly at Albion Street, the Town Hall, Nunn Street, Elizabeth Street and West Street Centres.

- (c) *Nursery Schools and Nursery Classes*.—A certain proportion of the older toddlers can be supervised in nursery schools and nursery classes. In St. Helens there are approximately 880 children between the ages of three and five years attending nursery classes.

Under the School Medical Service routine medical inspection is carried out three times during the child's school life—namely, as an entrant, as an intermediate (8 years old), and as a leaver. If children in the nursery classes were classed as entrants their next routine examination would normally not take place until they were 8 years of age. To obviate this big gap, arrangements have been made in St. Helens whereby children attending nursery classes will be examined yearly up to the age of 5 years, and will not be classed as entrants until they reach that age. This has thrown a considerable amount of extra work on both the medical staff and on the health visitors.

In addition to supervision, treatment should be provided for minor ailments and for special defects. In St. Helens this is being done by the utilisation of the present services, e.g., treatment of minor ailments at the School Clinic, dental defects at the Dental Clinic, eye defects at the Ophthalmic Clinic, and crippling defects at the Orthopaedic Clinic. With the establishment of an Aural Clinic in the near future, these services may be considered to provide all treatment required, and there does not appear to be any necessity for extension of them at present.

3. Medical Inspection and Treatment of Children attending Juvenile Instruction Centres.

In a circular letter dated 7th September, 1936, the Ministry of Labour draws attention to the powers that Local Education

Authorities now have in regard to medical inspection and treatment of boys and girls attending Juvenile Instruction Centres. The letter states that "The Minister hopes that Authorities will make provision in their proposals for including the Junior Instruction Centres within the full scope of their School Medical Service." The numbers at present attending these Centres in St. Helens are approximately 300 boys and 250 girls, and the Higher Education Committee ask the Health Committee to make the necessary arrangements.

In regard to medical inspection the Ministry suggest :—

- (a) a visit by the medical officer to the centres at least once a month and the examination of all juveniles who have entered the centre since the last visit ;
- (b) periodic re-examination, as required, of juveniles previously found defective ;
- (c) the examination, as and when required, of cases specially referred by the superintendent ;
- (d) frequent and regular survey of all juveniles in order to select those for whom milk should be provided as medical treatment.

In practice this will, I think, be best provided by (a) carrying out a medical inspection of all the juveniles attending the centres once yearly, and (b) visiting the centres once monthly and re-examining those previously found defective, and examining juveniles who have entered the centre since the last visit and any cases the superintendent wishes to have specially examined. Selection of cases requiring milk could be carried out at the yearly inspection and amended as required at the monthly visits. Medical inspection on these lines will add very considerably to the duties not only of medical officers but also of health visitors. In addition to assisting at the actual medical inspections, health visitors will have considerable additional work in preparation for the inspections (e.g., sight testing, etc.), and there will be a certain amount of home visiting in cases found defective and not receiving treatment.

In regard to treatment, it is suggested that the same facilities that are available for children attending public elementary schools

should be available for those attending Juvenile Instruction Centres. A small proportion (approximately 10% to 15% in St. Helens) will be insured under the National Health Insurance Scheme, but for these, special treatments, e.g., ophthalmic, dental, etc., are not likely to be available. Minor ailments in insured juveniles could be referred to the insurance practitioner, but in practice it will be more convenient to have them treated at the school clinic. From the results of the medical inspection carried out during 1935, it is estimated that the following would require treatment at the school clinic annually :—

Minor ailments	.....	.....	.....	.....	.....	.....	50
Eye defects	.....	.....	.....	.....	.....	.....	100
Throat and Nose and Ear defects	.....	.....	.....	.....	.....	.....	6
Dental treatment	.....	.....	.....	.....	.....	.....	90

In regard to minor ailments and throat and nose and ear defects, these could, I think, be absorbed in the present clinic numbers without difficulty. In regard to dental defects, the number given refers only to gross dental defects referred by the Medical Officer for treatment. These could be dealt with at the dental clinic without interference with the present cases treated. It is suggested, however, that in the near future, dental inspection by the Dental Surgeon should be carried out in addition to the medical inspection. This, obviously, would disclose a much larger number of cases requiring treatment, and it would then be necessary to increase the dental staff. In regard to eye defects, the number estimated to require treatment would necessitate additional sessions by the Ophthalmic Surgeon.

Increased Staff Proposed.

In the foregoing pages are indicated the reasons why some increase in staff is necessary. It now remains to assess the increase required.

It is estimated that to enable the various additional duties to be undertaken, the following additional staff should be appointed :

- 1 Assistant Medical Officer of Health (Female) ;
- 2 Health Visitors ;
- 1 Junior Clerk (Female).

Medical Officer.—Each of the 'Toddlers' Clinics suggested will require the time of a medical officer for practically half a day. As 5 Toddler Clinics are suggested, this would be equivalent to $2\frac{1}{2}$ days per week. For the inspection and supervision of the Juvenile Instruction Centres it is estimated that the time required would be equivalent to 1 day per week. The additional time which it is suggested should be devoted to the Maternity and Child Welfare Hospital is also equivalent to 1 day per week. This would leave 1 day out of the normal $5\frac{1}{2}$ day week to be devoted partly to assisting with the additional work entailed in the annual examination of children in nursery schools, and partly in assisting in other school medical inspections. In the latter connection, I would point out that owing to encroachment of other duties there has been, in recent years, considerable difficulty in devoting sufficient time to school medical inspections.

Health Visitors.—As pointed out above, the gradual increase in health visitors' duties, together with the increased number of clinics now held, has occasioned an increased call on their time and, in consequence, some limitation in home visiting. I would also point out that though the Borough was extended in 1934, no increase in health visitors' staff was made though, undoubtedly, there was not only an increase in their work but also increased time required for travelling.

It is estimated that not less than 2 additional health visitors should be appointed. The time required for the 'Toddlers' Clinics would be equivalent to $2\frac{1}{2}$ days per week, and it is estimated that the time required for the Juvenile Instruction Centres would be equivalent to a further 2 days per week. This would leave the equivalent of 1 day per week of one health visitor and the whole of the time of the second health visitor for home visiting, and for other expansions of work that have taken place. As it is estimated that a health visitor who is also attending at clinics cannot average more than 2,000 home visits a year, the increased number of home visits would be 2,400—this is considered the minimum of our present additional requirements.

Junior Clerk (Female).—With the gradual expansion of the work of medical officers and health visitors, there has been a corresponding increase in the clerical work required, e.g., increased statistical work, accounts for hospital treatment and for midwives, increased number of clinics to be attended, etc. The present staff is over-burdened and, with the still further increases outlined above, an additional junior clerk is necessary now. If the numbers attending the clinics are large, it may be necessary to appoint a second additional clerk later.

Increased Staff for Treatment Purposes.

The only department in which an increase appears necessary at present for treatment purposes, is for the treatment of eye defects in juveniles attending the Juvenile Instruction Centres. As previously stated, it is estimated that there will be approximately 100 of these annually. It is suggested that the Education Committee might themselves make arrangements with Mr. Allan, the Council's Ophthalmic Surgeon, for the treatment of these.

Cost.

It is suggested that, if approved, the additional staff be appointed as from 1st April, 1937. For the first year the cost in salaries would be :—

Assistant Medical Officer	.....	.....	.....	.....	£500
2 Health Visitors	.....	.....	.....	.....	£421
Junior Female Clerk	.....	.....	.....	.....	£42
Total	.....	.....	.....	.....	<u>£963</u>

As part of the increase, however, is due to the medical inspection and treatment of juveniles attending the Juvenile Instruction Centres, that proportion is properly chargeable to the Education Committee (who will receive a grant from the Ministry of Labour for it). It is suggested that this proportion should be, one-quarter of the salary of the medical officer (£125), and one-half of the salary of one health visitor (£105), plus, say, £25 for clerical assistance, stationery and travelling expenses.

APPENDIX 2.

REPORT BY THE MEDICAL OFFICER OF HEALTH.

Overcrowding Survey—Housing Act, 1935.

(Submitted to Health and Housing Committees on 26th May, 1936).

A preliminary report showing the conditions found as a result of the Overcrowding Survey was presented to the Health Committee in April. That report showed the percentage of houses overcrowded in St. Helens ranged from 3.18% in the North Windle Ward to 13.43% in the Parr Ward, the percentage for the Borough as a whole being 8.484%.

A more detailed analysis of the figures has now been made and as a result of that analysis a detailed statement prepared showing the number and capacity of the houses required to abate the overcrowding. The following is a brief commentary on the statistics that have been prepared.

Analysis of Overcrowding found.

The Survey shows that of the 23,821 houses surveyed, 2,021 (8.484%) were found to be overcrowded, and 2,101 families (8.82%) were found to be living in overcrowded conditions.

The conditions under which the overcrowding occurred were as follows :—

(1) Number of overcrowded houses occupied by one family only	1,574
(2) Number occupied by one family, plus lodgers	242
(3) Number occupied by two families, with or without lodgers	183
(4) Number occupied by two or more families, with or without lodgers	3
(5) Houses-let-in-lodgings	19

A further analysis of the Survey shows that of the 2,021 houses, 364 were Corporation property (other than slum clearance property) and 80 were included in slum clearance schemes.

Some of the houses not at present overcrowded will, however, owing to increased ages of children become overcrowded in the near future, and it is presumed that for re-housing purposes these should be included in the present Survey. A reasonable period during which this additional overcrowding should be taken into consideration seems to be a year from the date of the completion of the Survey. There are in St. Helens 144 houses (including 34 Corporation houses) which will become overcrowded before the 31st March, 1937, owing to this cause, and this number has, therefore, been added to the total found overcrowded at the time of the Survey, making a total of 2,165 overcrowded houses to be dealt with.

Re-housing.

A study of Form " C " (the official form on which the results of the Survey are tabulated) shows that many small families are living in houses with accommodation much in excess of that required by them, whilst many large families are living in small houses. Were it possible to arrange for exchanges in these cases much of the overcrowding could be abated. It is, however, impracticable to do so to any great extent, inasmuch as the larger houses are, generally speaking, of a type which large overcrowded families cannot afford, and, furthermore, the Corporation have no power to offer other than their own property as alternative accommodation for the abatement of overcrowding.

From the Survey it is seen that re-housing has to be carried out for occupants of 2,165 houses. 80 of these houses are, however, in slum clearance areas and the occupants will, therefore, be rehoused under slum clearance schemes. A further 398 are Corporation property, and for purposes of this summary it will be more convenient to deal with these separately. This leaves 1,687 other overcrowded houses to be dealt with.

It will be convenient to deal with the re-housing statistics in the following stages :—

- (1) In estimating the re-housing required for the 1,687 overcrowded houses, no provision has been made for the re-housing of 313 individual lodgers or individual sub-tenants living in overcrowded conditions, even though, according to the Act, alternative accommodation will have to be found for these people. It is considered that these can be accommodated in the present uncrowded houses. With that omission it is estimated that for the relief of overcrowding in these 1,687 houses, 1,584 houses will be required and that the removals necessary will leave vacant 1,469 houses.
- (2) For the remedying of the overcrowding in the 398 Corporation houses it is suggested that much of the overcrowding could be abated by re-arrangement of the tenants. In drafting the re-housing proposals submitted, this has been done so far as it is possible to do so on paper, but it shows that even after such re-arrangement has been carried out 75 houses will still be required, though 72 Corporation houses will be left vacant.
- (3) This brings the summary to show that 1,659 houses are required and that there will be vacated 1,541 houses.
- (4) It is estimated, however, that 522 of the 1,541 vacated houses have a capacity equal to or greater than that required for re-housing, and could, therefore, be used for re-housing purposes, so that the actual number of houses required for the abatement of overcrowding will be reduced from 1,659 to 1,137 and the number of houses rendered vacant will be reduced from 1,541 to 1,019.
- (5) From the numbers indicated in (4), however, a further adjustment has to be made for the number of houses vacant at the time of the Survey (282 houses) and the number of houses which it is estimated will be built in the near future by private enterprise (516 houses).

In regard to the latter, it is considered that it will be sufficient to take into account houses which will be completed by the 31st March, 1937.

Of these 798 houses, it is considered that 607 houses are suitable for re-housing purposes, leaving 191 houses which are unsuitable.

(6) Adjusting the figures in (4) by taking into account the figures shown in (5) (that is, houses vacant at the time of the Survey and the houses estimated to be built by private enterprise before the 31st March, 1937), the final position is, therefore, as follows:—

(a) Final net number of houses required to abate overcrowding	.....	.....	.....	.....	.....	.....	.....	530
(b) Number of houses rendered vacant or likely to be available before March 31st, 1937, but unsuitable in capacity for re-housing purposes	.....	.....	.....	.....	.....	.....	.....	1,210

Observations.

The various figures and estimates given have been worked out in accordance with the suggestions contained in the Ministry's Memoranda, but there are two points on which special comment might be made :—

(1) The net number of houses required.

In this figure deduction has been made for (a) houses vacated owing to removal of overcrowded families, (b) houses vacant at the time of the Survey, and (c) houses estimated will be built by private enterprise before March 31st, 1937, and the deduction has been made in accordance with the capacity of these houses. I think there is a serious fallacy here. The disposal of these houses is not in the hands of the Corporation, and I think it far more likely that they will be let or sold to tenants with families much smaller in number than

Borough as a Whole (inclusive of Corporation and Slum Clearance Properties).

Borough as a Whole (inclusive of Corporation and Slum Clearance Properties).

he figures to the left of the heavy diagonal line show the overcrowded families—those to the right the families which are not overcrowded.

the full capacity of these houses, e.g., a house which, according to the overcrowding standard, has a capacity of 6 or 8 persons, may only be let or sold to a family consisting of 2 or 3 persons.

(2) The number of houses left vacant.

The problem is what is to be done regarding the 1,210 houses left vacant. All these houses are of small capacity, the maximum allowed under the 1935 Act being five persons. It is expected that the majority of these will be taken by small families living as sub-tenant or lodger families in uncrowded houses, and also by young married couples. In this connection I would point out that the Survey showed approximately 1,053 uncrowded houses with two or more self-contained families. The Committee may, however, if they wish, apply to the Minister under Section 4 of the 1935 Act, to modify temporarily the overcrowding standard in St. Helens. This would reduce the number of houses at present classed as overcrowded, and therefore the number of houses that would be left vacant. Any modification made by the Minister would, however, be only temporary, and I do not recommend this proceeding as I think it is generally accepted that the standard set is already sufficiently low.
